## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 22, 2008 08:00 AN Secretary of State DOCUMENT # P00000044369 TWC SEVENTY-FOUR DEVELOPMENT, INC. Principal Place of Business Mailing Address 655 N. FRANKLIN ST., SUITE 2200 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602 TAMPA, FL 33602 03192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STOREY, BRENDA H DO NOT WRITE 655 N FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000913492 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 05/08/08-80017-022 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WILSON, CAROLYN M NAME STREET ADDRESS 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602 CITY-ST-ZIP CFOS TITLE STOREY, BRENDA H NAME STREET ADDRESS 655 NORTH FRANKLIN STREET SUITE 2200 TAMPA, FL 33602 CITY-ST-ZIP THTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Brenda H. Storev Chief Financial Officer