

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90407 043 ***150.00

DOCUMENT # P00000097700

1. Entity Name
TWC NINETY-THREE DEVELOPMENT, INC.



Principal Place of Business
**655 NORTH FRANKLIN STREET SUITE 2200
TAMPA, FL 33602**

Mailing Address
**655 NORTH FRANKLIN STREET SUITE 2200
TAMPA, FL 33602**

50012582



03142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONOUGH, BRIAN J
150 WEST FLAGLER STREET
2200 MUSEUM TOWER
MIAMI, FL 33130**

Name
BRENDA H. STOREY

Street Address (P.O. Box Number is Not Acceptable)
655 N. FRANKLIN ST.

SUITE 2200

City
TAMPA

FL

Zip Code
33602

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

Brenda H. Storey

APR 10 2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
WILSON, CAROLYN M
655 NORTH FRANKLIN STREET SUITE 2200
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFOS
STOREY, BRENDA H
655 NORTH FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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:

Brenda H. Storey

APR 10 2006 813-281-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Brenda H. Storey
Chief Financial Officer**