

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90378 045 \*\*\*150.00

14011956



02092005 Chg-P CR2E034 (10/03)

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

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

**DOCUMENT # P00000103846**  
 1. Entity Name  
**TWC SIXTY-EIGHT DEVELOPMENT, INC.**



Principal Place of Business  
**655 N FRANKLIN ST, STE 2200  
 TAMPA, FL 33602**

Mailing Address  
**655 N FRANKLIN ST, STE 2200  
 TAMPA, FL 33602**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**MCDONOUGH, BRAIN J  
 2200 MUSEUM TOWER, 150 W FLAGLER ST  
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name  
**Brenda H. Storey**

Street Address  
**655 N Franklin Street, Suite 2200  
 Tampa, FL 33602**

City **FL** Zip Code

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* DATE 4/15/05  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 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	DPT	<input type="checkbox"/> Delete
NAME	WILSON, CAROLYN M	
STREET ADDRESS	655 N FRANKLIN ST, STE 2200	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	CFOS	<input type="checkbox"/> Delete
NAME	STOREY, BRENDA H	
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* DATE 4/15/05 813.281.8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Call Daytime Phone #  
**Chief Financial Officer**