

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000107378

1. Entity Name

TWC SEVENTY-FIVE 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



03192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STOREY, BRENDA H  
655 N. FRANKLIN ST  
SUITE 2200  
TAMPA, FL 33602

**DO NOT WRITE  
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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000913490  
05/08/08-80017-021 150.00

10. OFFICERS AND DIRECTORS

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

TITLE CFOS  
NAME STOREY, BRENDA H  
STREET ADDRESS 655 N FRANKLIN STREET STE 2200  
CITY-ST-ZIP TAMPA, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda H. Storey  
Chief Financial Officer

Date

Daytime Phone #

4-18-08 813-281-8888