



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90132 013 ***150.00

DOCUMENT # P00000116656 1. Entity Name TWC SEVENTY-SIX 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER ST MIAMI, FL 33130			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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, JACK 655 NORTH FRANKLIN STREET SUITE 2200 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Wilson, Carolyn M	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KOEHLER, DEBRA F 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS Storey, Brenda H	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWERS, CHRISTOPHER G 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELCH, GARY E 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Brenda H. Storey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Brenda H. Storey Chief Financial Officer			Date 4/26/04 Daytime Phone #		