2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

	7.111071				SCCI	ciai y	UI DI	iait		
1. Entity Nam			04-27-2007 90232 031 ***150.00							
TWC TW	ENTY-THREE, INC.									
Principal Plac	e of Business	Mailing Address	l .		RODA	3370				
655 NORTH TAMPA, FL	FRANKLIN ST., STE. 2200 33602	655 NORTH FRANKLIN ST., STE. 2200 TAMPA, FL 33602			. 0009	99,7U				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		041	92007 Chg-P	CR2E0	34 (12/06)			
City & State		City & State			I Number	** *** *******************************		plied For		
Zip	Country	Zip	Country		ertificate of Status Desi		\$8.75 Add	litional		
	6. Name and Address of Current	Registered Agent		7. Na	ame and Address of N	ew Registered	Agent			
STOREY.	BRENDA H		Name							
655 NORTH FRANKLIN STREET SUITE 2200				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33602										
				City FL Zip Code						
	named entity submits this statement for	or the purpose of changing its	registered office or	registered age	nt, or both, in the State	of Florida. I am	familiar with,	and accept		
the obligat	ions or registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E. Registered Agent signate	ire required when rein	istating)	DATE	-			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Con		\$5.00 Ma Added to F						
10.	OFFICERS AND	DIRECTORS	11.	ADE	DITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11		
TITLE	DPT	☐ Defete	TITLE				☐ Change	Addition		
NAME STREET ADDRESS	•									
CITY-SI-ZIP TAMPA, FL 33602			STREET ADDRESS CITY-ST-ZIP							
TITLE	VS	☐ Delete	TITLE NAME	CFO S	1 a - 1 0 a - 1 .		☆ Change	Addition		
NAME STREET ADDRESS				STOREY	Frankliast	#2200				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			STREET ADORESS CITY-ST-ZIP	Tampa	brenda H Franklinst , FL 3360	2				
TITLE		☐ Delete	TITLE		 		☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ ∩elete	TITLE				☐ Channe	□ 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR Brenda H. STOTEY

Chief Financial Officer

Delete

APR 19 2007

Oate

Daytime Phone #

Change

Addition