

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90381 041 ***150.00

DOCUMENT # P01000102453
 1. Entity Name
 TWC SEVENTY-NINE DEVELOPMENT, INC.



Principal Place of Business: 655 NORTH FRANKLIN ST., STE. 2200 TAMPA, FL 33602
 Mailing Address: 655 NORTH FRANKLIN ST., STE. 2200 TAMPA, FL 33602

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4012148

 03082005 Chg-P CR2E034 (10/03)

4. FEI Number
 NOT APPLICABLE

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 2200 MUSEUM TOWER, 150 WEST FLAGLER ST. MIAMI, FL 33130		Name Street Address (P.O. Box Number is Not Acceptable) Brenda H. Storey 655 N. Franklin Street, Suite 2200 City Tampa, FL 33602 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 (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/15/05

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 N FRANKLIN STREET, STE 2200 TAMPA, FL 33602 <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	CFPS STOREY, BRENDA H 655 N FRANKLIN STREET, STE 2200 TAMPA, FL 33602 <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
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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: Brenda H. Storey DATE: 4/15/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER: **Brenda H. Storey**
 Chief Financial Officer