

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90407 037 \*\*\*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

**50012588**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03142006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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, 2006 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPT  
WILSON, CAROLYN M  
655 N FRANKLIN STREET, STE 2200  
TAMPA, FL 33602 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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

TITLE  
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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:

*Brenda H. Storey*  
Brenda H. Storey  
Chief Financial Officer

APR 10 2006

813-281-8888

Date

Daytime Phone #