


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90131 036 ***150.00

DOCUMENT # P02000087965

1. Entity Name
TWC SEVENTY-ONE, INC.



Principal Place of Business Mailing Address

**655 NORTH FRANKLIN STREET
 SUITE 2200
 TAMPA, FL 33602** **655 NORTH FRANKLIN STREET
 SUITE 2200
 TAMPA, FL 33602**

14020000

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCDONOUGH, BRIAN J
 150 WEST FLAGLER STREET
 200 MUSEUM TOWER
 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WILSON, JACK | |
| STREET ADDRESS | 655 NORTH FRANKLIN STREET SUITE 2200 | |
| CITY-ST-ZIP | TAMPA, FL 33602 | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | KOEHLER, DEBRA F | |
| STREET ADDRESS | 655 NORTH FRANKLIN STREET, STE. 2200 | |
| CITY-ST-ZIP | MOBILE, AL 36602 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | BOWERS, CHRISTOPHER G | |
| STREET ADDRESS | 655 NORTH FRANKLIN STREET, STE. 2200 | |
| CITY-ST-ZIP | TAMPA, FL 33602 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | WELCH, GARY E | |
| STREET ADDRESS | 655 NORTH FRANKLIN STRET, STE. 2200 | |
| CITY-ST-ZIP | TAMPA, FL 33602 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|---|
| TITLE | DPT | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Wilson, Carolyn M | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CFOS | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Storey, Brenda H | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: 4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda H. Storey
 Chief Financial Officer

Daytime Phone #