

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90037 018 ***150.00

DOCUMENT # P02000125787

1. Entity Name

TWT DEVELOPMENT CORPORATION



Principal Place of Business

6215 WILSON BLVD
JACKSONVILLE, FL 32210

Mailing Address

PO BOX 7779
JACKSONVILLE, FL 32238

40111383



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0665899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R
ONE INDEPENDENT DRIVE STE 2000
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOWERS, WILLIAMS B JR
STREET ADDRESS	4586 ORTEGA ISLAND DRIVE N
CITY-ST-ZIP	JACKSONVILLE, FL 322107572
TITLE	D
NAME	WATSON, JAMES D
STREET ADDRESS	325 SAWMILL LANE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	TOWERS, JOHN B
STREET ADDRESS	310 PONTE VEDRA BLVD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 320821812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM B. TOWERS JR. 4-25-07 904-778-1888