## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State 05-02-2005 90378 044 \*\*\*150.00 **DOCUMENT # P03000079864** 1. Entity Name TWC SIXTY-SEVEN DEVELOPMENT, INC. **エエひエエひひ**[ Principal Place of Business Mailing Address 655 N. FRANKLIN ST., SUITE 2200 655 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3561424 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brenda H. Storey MCDONOUGH, BRIAN J Street & Program (Program Street, Suite 2200 2200 MUSEUM TOWER, 150 W. FLAGLER ST. MIAMI, FL 33130 Tampa, FL 33602 City 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. 4/15/05 SIGNATURE. Signature, typed or printed name of registered agent and title if applic (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE TITLE Delete ☐ Change ☐ Addition NAME WILSON, CAROLYN NAME 655 N. FRANKLIN ST., SUITE 2200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 City-ST-ZIP TITLE **CFOS** ☐ Delete TITLE ☐ Change ☐ Addition STOREY, BRENDA H NAME NAME STREET ADDRESS 655 N. FRANKLIN ST., SUITE 2200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ 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 irustee 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.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Brenda H. Storey ICER OR DIRECTOR

FILED

Chief Financial Officer