

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-04-2004 90131 020 ***150.00

DOCUMENT # P97000018900



1. Entity Name
TWC NINETY-FIVE, INC.

Principal Place of Business
655 N FRANKLIN STREET
STE 2200
TAMPA, FL 33602

Mailing Address
655 N FRANKLIN STREET
STE 2200
TAMPA, FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRAIN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

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, 2004 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 DPTS
NAME WILSON, JACK
STREET ADDRESS 655 N FRANKLIN STREET, STE 2200
CITY-ST-ZIP TAMPA, FL 33607

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPT
WILSON, CAROLYN M.

Change

Addition

TITLE VS
NAME KOEHLER, D F
STREET ADDRESS 655 N FRANKLIN STREET, STE 2200
CITY-ST-ZIP TAMPA, FL 33607

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CFO S
STOREY, BRENDA H

Change

Addition

TITLE V
NAME WELCH, G E
STREET ADDRESS 655NORTH FRANKLIN STREET, STE 2200
CITY-ST-ZIP TAMPA, FL 33602

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE V
NAME BOWERS, C G
STREET ADDRESS 655 NORTH FRANKLIN STREET, STE 2200
CITY-ST-ZIP TAMPA, FL 33602

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda H. Storey
Chief Financial Officer

4/26/04

Date

Daytime Phone #