2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700092055

1. Entity Name

TWC SEVENTY-THREE, INC.

FILED Apr 22, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

655 NORTH FRANKLIN STREET

655 NORTH FRANKLIN STREET STE 2200

STE 2200 TAMPA, FL 33602

TAMPA, FL 33602



03192008

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

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 are	m 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, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 000000914175 05/08/08-80045-023 150.00

10. OFFICERS AND DIRECTORS DPT TRLE WILSON, CAROLYN M NAME STREET ADDRESS 655 N FRANKLIN STREET, STE 2200 TAMPA, FL 33602 CITY-ST-ZIP TITLE **CFOS** STOREY, BRENDA H 655 N FRANKLIN STREET, STE 2200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP 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 filling 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.

Chief Financial Officer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone