

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90378 047 \*\*\*150.00

**DOCUMENT # P98000038670**

1. Entity Name  
**TWC SEVENTY-TWO DEVELOPMENT, INC.**



Principal Place of Business  
**655 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA, FL 33602**

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

**14011954**



02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MCDONOUGH, BRIAN J</b> <b>2200 MUSEUM TOWER</b> <b>150 WEST FLAGLER ST.</b> <b>MIAMI, FL 33130</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>Brenda H. Storey</b> <b>655 N. Franklin Street, Suite 2200</b> City <b>Tampa, FL 33602</b> <b>FL</b> 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 *Brenda H. Storey* DATE 4/15/05

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPT</b> <b>WILSON, CAROLYN</b> <b>655 NORTH FRANKLIN STREET, SUITE 2200</b> <b>TAMPA, FL 33602</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CFOS</b> <b>STOREY, BRENDA H</b> <b>655 NORTH FRANKLIN STREET, SUITE 2200</b> <b>TAMPA, FL 33602</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	

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 4/15/05

SIGNATURE AND TYPED NAME OF THE SIGNING OFFICER OR DIRECTOR

**Brenda H. Storey**  
**Chief Financial Officer**