

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90131 034 \*\*\*150.00

**DOCUMENT # P98000092043**

1. Entity Name  
TWC SIXTY-SEVEN, INC.



Principal Place of Business  
655 N FRANKLIN STREET, SUITE 2200  
TAMPA, FL 33607

Mailing Address  
655 N FRANKLIN STREET, SUITE 2200  
TAMPA, FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01292004 Chg-P CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

MCDONOUGH, BRIAN J  
2200 MUSEUM TOWERS  
150 W. FLAGLER ST.  
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: DPT  
NAME: WILSON, JACK ☒ Delete  
STREET ADDRESS: 655 N FRANKLIN ST., SUITE 2200  
CITY-ST-ZIP: TAMPA, FL 33602

TITLE: DPT  
NAME: Wilson, Carolyn M ☒ Change ☒ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: VS  
NAME: KOEHLER, DEBRA F ☒ Delete  
STREET ADDRESS: 655 N FRANKLIN ST., SUITE 2200  
CITY-ST-ZIP: TAMPA, FL 33602

TITLE: CFOS  
NAME: Storey, Brenda H ☒ Change ☒ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: V  
NAME: WELCH, GARY E ☒ Delete  
STREET ADDRESS: 655 N FRANKLIN ST, SUITE 2200  
CITY-ST-ZIP: TAMPA, FL 33602

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: V  
NAME: BOWERS, CHRISTOPHER G ☒ Delete  
STREET ADDRESS: 655 N FRANKLIN ST., SUITE 2200  
CITY-ST-ZIP: TAMPA, FL 33602

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

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*  
Brenda H. Storey  
Chief Financial Officer

4/26/04  
Date

Daytime Phone #