2008 FOR PROFIT CORPORATION

ANNUAL REPORT

TWC SIXTY-SEVEN, INC.

DOCUMENT # P98000092043



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

Principal Place of Business

Mailing Address

655 N FRANKLIN STREET, SUITE 2200 TAMPA, FL 33607

655 N FRANKLIN STREET, SUITE 2200 TAMPA, FL 33607



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

03192008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

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

DO NOT WRITE IN THIS SPACE

No Chg-P

	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, the obligations of registered agent.	I am familiar with, and accept
SI	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

05/08/08-80017-004 150.00

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

> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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,

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - S1 - ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

> SIGNATURE AND TYPED OF PRINTED WANT OF HOME OF Chief Financial Officer