

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90232 040 ***150.00

00043361



04032007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000092050 1. Entity Name TWC SIXTY-EIGHT, INC.																																																																																																																			
Principal Place of Business 655 NORTH FRANKLIN STREET STE 2200 TAMPA, FL 33602			Mailing Address 655 NORTH FRANKLIN STREET STE 2200 TAMPA, FL 33602																																																																																																																
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																	
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STOREY, BRENDA H 655 N FRANKLIN STREET SUITE 2200 TAMPA, FL 33602																																																																																																															
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPT</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILSON, CAROLYN M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>655 NORTH FRANKLIN STREET, SUITE 2200</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA, FL 33602</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CFOS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STOREY, BRENDA H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>655 NORTH FRANKLIN STREET, SUITE 2200</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA, FL 33602</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	DPT	<input type="checkbox"/> Delete	NAME	WILSON, CAROLYN M		STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200		CITY- ST- ZIP	TAMPA, FL 33602		TITLE	CFOS	<input type="checkbox"/> Delete	NAME	STOREY, BRENDA H		STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200		CITY- ST- ZIP	TAMPA, FL 33602		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	DPT	<input type="checkbox"/> Delete																																																																																																																	
NAME	WILSON, CAROLYN M																																																																																																																		
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200																																																																																																																		
CITY- ST- ZIP	TAMPA, FL 33602																																																																																																																		
TITLE	CFOS	<input type="checkbox"/> Delete																																																																																																																	
NAME	STOREY, BRENDA H																																																																																																																		
STREET ADDRESS	655 NORTH FRANKLIN STREET, SUITE 2200																																																																																																																		
CITY- ST- ZIP	TAMPA, FL 33602																																																																																																																		
TITLE		<input type="checkbox"/> Delete																																																																																																																	
NAME																																																																																																																			
STREET ADDRESS																																																																																																																			
CITY- ST- ZIP																																																																																																																			
TITLE		<input type="checkbox"/> Delete																																																																																																																	
NAME																																																																																																																			
STREET ADDRESS																																																																																																																			
CITY- ST- ZIP																																																																																																																			
TITLE		<input type="checkbox"/> Delete																																																																																																																	
NAME																																																																																																																			
STREET ADDRESS																																																																																																																			
CITY- ST- ZIP																																																																																																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																	
NAME																																																																																																																			
STREET ADDRESS																																																																																																																			
CITY- ST- ZIP																																																																																																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																	
NAME																																																																																																																			
STREET ADDRESS																																																																																																																			
CITY- ST- ZIP																																																																																																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																	
NAME																																																																																																																			
STREET ADDRESS																																																																																																																			
CITY- ST- ZIP																																																																																																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																	
NAME																																																																																																																			
STREET ADDRESS																																																																																																																			
CITY- ST- ZIP																																																																																																																			
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: <u>Brenda H. Storey</u> <u>4/18/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small> Brenda H. Storey Chief Financial Officer																																																																																																																			