

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90273 050 \*\*\*150.00

**DOCUMENT # J59165**

1. Entity Name

CONGRESS VENTURE TWO, INC.



Principal Place of Business

3300 PGA BLVD.  
STE 620  
PALM BEACH GARDENS FL 33410-2811

Mailing Address

3300 PGA BLVD.  
STE 620  
PALM BEACH GARDENS FL 33410-2811

2. Principal Place of Business

1280 N CONGRESS AVE

3. Mailing Address

1280 N CONGRESS AVE

Suite, Apt. #, etc.

Ste 101

Suite, Apt. #, etc.

Ste 101

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33409

Country

USA

Zip

33409

Country

USA

6. Name and Address of Current Registered Agent

JOHNSON, RICHARD S.  
505 S FLAGLER DR  
SUITE 1313  
W PALM BCH FL 33401

7. Name and Address of New Registered Agent

Name: CHARLES A. SISCA  
Street Address (P.O. Box Number is Not Acceptable): 1280 N CONGRESS AVE  
SUITE 101  
City: WEST PALM BEACH FL Zip Code: 33409

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: JOHNSON, RICHARD S.  
STREET ADDRESS: 505 S FLAGLER DR, SUITE 1010  
CITY-ST-ZIP: WEST PALM BEACH FL 33401 ☒ Delete

TITLE: TD  
NAME: JOHNSON, RICHARD S., JR.  
STREET ADDRESS: 505 S FLAGLER DR, SUITE 1010  
CITY-ST-ZIP: WEST PALM BEACH FL 33401 ☒ Delete

TITLE: VD  
NAME: COWIE, PETER V.  
STREET ADDRESS: 3300 PGA BLVD. STE., 620  
CITY-ST-ZIP: PALM BEACH GARDENS FL 33410-2811 ☐ Delete

TITLE: SD  
NAME: MCINTOSH, ROBERT A.  
STREET ADDRESS: 3300 PGA BLVD. STE., 620  
CITY-ST-ZIP: PALM BEACH GARDENS FL 33410-2811 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  
NAME: SISCA, CHARLES  
STREET ADDRESS: 1280 N CONGRESS AVE STE 101  
CITY-ST-ZIP: WEST PALM BEACH FL 33409 ☐ Change ☒ Addition

TITLE: TD  
NAME: JOSEPH SISCA  
STREET ADDRESS: 1944 RTE 22  
CITY-ST-ZIP: BREWSTER NY 10509. ☐ Change ☒ Addition

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

TITLE: ☐ Change ☐ Addition  
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NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-686-5545