

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90140 043 ***150.00

DOCUMENT # J59165

1. Entity Name
CONGRESS VENTURE TWO, INC.



Principal Place of Business
1280 N CONGRESS AVE
STE 101
WEST PALM BEACH, FL 33409

Mailing Address
1280 N CONGRESS AVE
STE 101
WEST PALM BEACH, FL 33409



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2773727

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SISCA, CHARLES A
1201 N CONGRESS AVE
SUITE 101
W PALM BCH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SISCA, CHARLES 1280 N CONGRESS AVE STE 101 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SISCA, JOSPEH 1944 RTE 22 BREWSTER, NY 10509
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COWIE, PETER V. 3300 PGA BLVD. STE., 620 PALM BEACH GARDENS, FL 334102811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCINTOSH, ROBERT A. 3300 PGA BLVD. STE., 620 PALM BEACH GARDENS, FL 334102811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #