

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # J59165	
1. Entity Name CONGRESS VENTURE TWO, INC.	

Principal Place of Business 5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417	Mailing Address 5589 OKEECHOBEE BLVD STE 102 WEST PALM BEACH FL 33417
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

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 5589 OKEECHOBEE BLVD SUITE 102 W PALM BCH FL 33417	
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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 _____
Signature, typed or printed name of officer or director, agent, and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEES \$150.00
After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SISCA, CHARLES 5589 OKEECHOBEE BLVD, SUITE 102 WEST PALM BEACH FL 33417 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SISCA, JOSEPH 1944 RTE 22 BREWSTER NY 10509 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COWIE, PETER V. 3300 PGA BLVD. STE., 620 PALM BEACH GARDENS FL 33410-2811 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCINTOSH, ROBERT A. 3300 PGA BLVD. STE., 620 PALM BEACH GARDENS FL 33410-2811 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 05/30/08-80070-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

POSTED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR