

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90041 035 ***150.00

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02022005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000057826 1. Entity Name CONGRESS COMMUNICATIONS, INC.			
Principal Place of Business 6125 SHERWIN DR PORT RICHEY, FL 34668		Mailing Address 6125 SHERWIN DR PORT RICHEY, FL 34668	
2. Principal Place of Business 7303 Box EIDER DR Suite, Apt. #, etc.		3. Mailing Address P O Box 248 Suite, Apt. #, etc.	
City & State PORT RICHEY, FL Zip Country 34668 PASCO		City & State Port Richey, FL Zip Country 34673-0248 PASCO	
4. FEI Number 59-3651919		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMAURO, VINCENT 7303 BOX EIDER DRIVE PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMAURO, VINCENT 7303 BOX ELDER DR PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		2-11-05 727-848-3481 Date Daytime Phone #	