

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90199 011 ***150.00

DOCUMENT # P27039

1. Entity Name
**CONGO RIVER GOLF & EXPLORATION CO. -
CLEARWATER**



Principal Place of Business
**13721 S WEST BAYSHORE DR
TRAVERSE CITY, MI 49684**

Mailing Address
**13721 S WEST BAY SHORE DR
TRAVERSE CITY, MI 49684**

DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
38-2900804

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BULL & ASSOCIATES, P.A.
111 NORTH ORANGE AVE
SUITE 1700
ORLANDO, FL 32801**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PTD
VOZZA, GIORGIO
13721 S WEST BAY SHORE DR
TRAVERSE CITY, MI 49684**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
VOZZA, LAURIE
13721 S WEST BAY SHORE DR
TRAVERSE CITY, MI 49684**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Giorgio Vozza

4/29/08

(231) 941-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #