

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90395 004 \*\*\*150.00

**DOCUMENT # G79472**

1. Entity Name  
TRAVELMAX, INC.



Principal Place of Business  
236 5TH AVE  
INDIALANTIC, FL 32903 US

Mailing Address  
236 5TH AVE  
INDIALANTIC, FL 32903 US

**50038847**



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2361449

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

NOHRR, D.A.  
236 5TH AVE  
INDIALANTIC, FL 32903

**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, 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 D  
NAME NOHRR, D.A.  
STREET ADDRESS 236 5TH AVE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE P  
NAME NOHRR, MAXINE  
STREET ADDRESS 236 5TH AVE  
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE D  
NAME NOHRR, P.F.  
STREET ADDRESS 1800 W HIBISCUS BLVD  
CITY-ST-ZIP MELBOURNE, FL

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 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:** *Maxine Nohrr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/12/05 321-676-1770*