

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90007 050 \*\*\*150.00

66431170



07012004 Chg-P CR2E034 (10/03)

**DOCUMENT # P02000084418**

1. Entity Name  
**MAXIMUM HOSPITALITY INC.**



Principal Place of Business  
**5401 KIRKMAN ROAD  
SUITE 610  
ORLANDO, FL 32819**

Mailing Address  
**5401 KIRKMAN ROAD  
SUITE 610  
ORLANDO, FL 32819**

2. Principal Place of Business

**6450 Kings Pointe Pkwy**

Suite, Apt. #, etc.

**Suite # 9**

City & State

**Orlando FL**

Zip

**32819**

Country

**US**

3. Mailing Address

**6450 Kings Pointe Pkwy**

Suite, Apt. #, etc.

**Suite # 9**

City & State

**Orlando FL**

Zip

**32819**

Country

**US**

4. FEI Number  
**82-0556816**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FROMBERG, MAX S  
5401 KIRKMAN ROAD  
SUITE 610  
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name  
**Max Fromberg**  
Street Address (P.O. Box Number is Not Acceptable)  
**6450 Kings Pointe Pkwy**  
**Suite # 9**  
City  
**Orlando** FL Zip Code  
**32819**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**6/30/04**  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P FROMBERG, MAX S  
5401 KIRKMAN ROAD SUITE 610  
ORLANDO, FL 32819** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 name of signing officer or director

Date

Daytime Phone #

**2/10/04** **407**  
**563-1004**