

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90353 047 \*\*\*150.00

**DOCUMENT # P02000135238**

1. Entity Name  
GEMMAX HOSPITALITY, INC.



Principal Place of Business  
31 NORTH 2ND STREET  
FERNANDINA BEACH, FL 32034 US

Mailing Address  
31 NORTH 2ND STREET  
FERNANDINA BEACH, FL 32034 US



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
42-1567396

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**

GERMANO, ROSS ESQ.  
501 CENTRE STREET  
SUITE 121  
FERNANDINA BEACH, FL 32034

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WOHLFARTH, MAXIMILIAN T III
STREET ADDRESS	31 NORTH 2ND STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	V.P.
NAME	WOHLFARTH, HOLLY G
STREET ADDRESS	31 NORTH 2ND STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
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:** *Holly G. Wohlfarth* Holly G. Wohlfarth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 9042614749  
Date Daytime Phone #