

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000089152

Entity Name: HOTELMAX, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2107 GUNN HWY  
210  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

2107 GUNN HWY  
210  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 26-3467541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HATFIELD, TERRY K  
2107 GUNN HWY  
210  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HATFIELD, TERRY K  
Address: 2107 GUNN HWY #210  
City-St-Zip: ODESSA, FL 33556

Title: VP  
Name: HUNT, RAND  
Address: 2107 GUNN HWY #210  
City-St-Zip: ODESSA, FL 33556

Title: VP  
Name: HATFIELD, KATHLEEN M  
Address: 2107 GUNN HWY #210  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERRY K. HATFIELD

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date