


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000095105 1. Entity Name EMEETINGSONLINE, INC.	
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Principal Place of Business 1617 SE 11 ST FT LAUDERDALE, FL 33316	Mailing Address 1617 SE 11 ST FT LAUDERDALE, FL 33316
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01162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1071562	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHAUFLE, JACK 1617 SE 11 ST FT LAUDERDALE, FL 33316

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHAUFLE, JACK 1617 SE 11 ST FT LAUDERDALE, FL 33316
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**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:

Jack Schaufle JACK SCHAUFLE

Date

Daytime Phone #

2/2/05 (954) 764-7022