2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000035809

1. Entity Name
EMAIL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
581 WHISPERING PINE LN NAPLES, FL 34103 US	581 WHISPERING PINE LN NAPLES, FL 34103 US

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0671871	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONROY, J T III
2640 GOLDENGATE PARKWAY
STE 115
NAPLES, FL 34105

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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	PD
NAME	NELSON, KAREN
STREET ADDRESS	581 WHISPERING PINE LANE
CITY-ST-ZIP	NAPLES, FL 34103

U00000002822
01/13/04-80028-025 150.00

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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; an d 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: _Karen Nelson_   Karen Nelson   1/9/04   239-434-7801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #