


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000003307
1. Entity Name
FLORISTS' TRANSWORLD DELIVERY, INC.



Principal Place of Business 3113 WOODCREEK DR DOWNERS GROVE, IL 60515 US	Mailing Address 3113 WOODCREEK DR DOWNERS GROVE, IL 60515 US
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01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-0546960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

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 NAME STREET ADDRESS CITY - ST - ZIP	PCEO NORTON, ROBERT L 3113 WOODCREEK DRIVE DOWNERS GROVE, IL 60515
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO WOLFE, CARRIE 3113 WOODCREEK DRIVE DOWNERS GROVE, IL 60515
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BURNEY, JON 3113 WOODCREEK DRIVE DOWNERS GROVE, IL 60515
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/26/04-80008-003 150.00

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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)(f), 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: Carrie Wolfe 2/25/04 630-724-6585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #