

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90034 022 \*\*\*150.00

**DOCUMENT # S59944**  
 1. Entity Name  
**FTD-INVESTMENTS, INC.**



Principal Place of Business: **102 NORTH SWINTON AVE DELRAY BEACH, FL 33444**  
 Mailing Address: **102 NORTH SWINTON AVE DELRAY BEACH, FL 33444**

**94030073**



2. Principal Place of Business: **Go Seton Company**  
 Suite, Apt. #, etc.: **101 Eisenhower Pkwy**  
 City & State: **Roseland NJ**  
 Zip: **07068** Country: **USA**

3. Mailing Address: **Go Seton Company**  
 Suite, Apt. #, etc.: **101 Eisenhower Pkwy**  
 City & State: **Roseland NJ**  
 Zip: **07068** Country: **USA**

02272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**KEYSER, STEVEN**  
**1515 RINGLING BLVD**  
**STE 1000**  
**SARASOTA, FL 34236**

4. FEI Number: **65-0299017** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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 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	<input type="checkbox"/> Delete
NAME	KALTENBACHER, PHILIP D	
STREET ADDRESS	102 N SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CARR, JO ANN K	
STREET ADDRESS	102 N SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KALTENBACHER, HELEN	
STREET ADDRESS	102 N SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALTENBACHER, Philip D	
STREET ADDRESS	Go Seton Company 101 Eisenhower Pkwy	
CITY-ST-ZIP	Roseland NJ 07068	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, JO ANN K	
STREET ADDRESS	Go Seton Company 101 Eisenhower Pkwy	
CITY-ST-ZIP	Roseland, NJ 07068	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaltenbacher Helen	
STREET ADDRESS	Go Seton Company 101 Eisenhower Pkwy	
CITY-ST-ZIP	Roseland, NJ 07068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **X 3-3-04**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #