

2005 FOR PROFIT CORPORATION ANNUAL REPORT (ARTICLE 607)

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # S59944

1. Entity Name

FTD INVESTMENTS, INC.



Principal Place of Business

C/O SETON COMPANY
 101 EISENHOWER PKWY.
 ROSELAND NJ 07068

Mailing Address

C/O SETON COMPANY
 101 EISENHOWER PKWY.
 ROSELAND NJ 07068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0299017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEYSER, STEVEN
 1515 RINGLING BLVD
 STE 1000
 SARASOTA FL 34236

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	C/O SETON CPNY., 101 EISENHOWER PKWY.	
CITY- ST- ZIP	ROSELAND NJ 07068	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CARR, JO ANN K	
STREET ADDRESS	C/O SETON CPNY., 101 EISENHOWER PKWY.	
CITY- ST- ZIP	ROSELAND NJ 07068	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KALTENBACHER, HELEN	
STREET ADDRESS	C/O SETPM CPNY., 101 EISENHOWER PKWY.	
CITY- ST- ZIP	ROSELAND NJ 07068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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		<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		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 03/28/05-80048-021 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/05