## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **Secretary of State** DOCUMENT # F97000004540 02-06-2004 90037 008 \*\*\*150.00 COLONIAL SURETY COMPANY Principal Place of Business Mailing Address 50 CHESTNUT RIDGE ROAD **50 CHESTNUT RIDGE ROAD** MONTVALE, NJ 07645 MONTVALE, NJ 07645 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 23-0485115 Country Country \$8.75 Additional 5. Certificate of Status Desired-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. : 11. TITLE TITLE Addition Delete NUNZIATA, GREG NAME STREET ADDRESS 12 OLD ORCHARD DR. STREET ADDRESS CITY-ST-ZIP WESTON, CT 06883 CITY-ST-71P ☐ Addition ☐ Delete TITLE TITLE BATTY, MICHAEL A NAME NAME 18 Crest Hill Drive, Apt 18C NYOCK, NEW YORK 10960 STREET ADDRESS STREET ADDRESS 4 OXFORD CT. CITY-ST-ZIP SUFFERN, NY 10901 CITY-ST-ZIS Delete -Change \_\_\_ Addition TITLE TITLE. NAME DITTRICH JR, RAYMOND R NAME 1209 Champions Way STREET ADDRESS STREET ADDRESS 8417 EAST LAJUNTA PLACE SOUTH LOKE, TEXAS 76092 SCOTTSDALE, AZ CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE PEITLER, MICHAEL A NAME NAME 31 Feather Sound Dr 25 VIA LUCA STREET ADDRESS STREET ADDRESS Henderson, Nevada 8 CITY-ST-ZIP IRVINE, CA CITY-ST-ZIP PD PCD ☐ Delete TITLE TITLE NUNZIATA, WAYNE T NAME · ·· NAME STREET ADDRESS 12 OLD ORCHARD DRIVE STREET ADDRESS CITY-ST-7/P CITY-ST-7IP WESTON, CT ☐ Delete TITLE THEF NUNZIATA, JANET-NAME STREET ADDRESS STREET ADDRESS 12 OLD ORCHARD DRIVE CITY-ST-ZIP WESTON, CT

12. Thereby certify that the information supplied with this filling 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:

1/27/04 (201)513-8788

FILED Feb 06, 2004 8:00 am

## Alfachment

2004 FOR PROFIT CORPORATION

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STREET ADDRESS OHY-ST-ZIP WESTON, CT CHY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:			☐ Delete	1	- 1			l	Change	Addition	
12. I hereby certify that the information supplied with this filling 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 cath; 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:	STREET ADDRESS	12 OLD ORCHARD DRIVE		STRE	ET ADDRESS						
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