

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90037 008 ***150.00


DOCUMENT # F97000004540

1. Entity Name
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.	
City & State		City & State	
Zip	Country	Zip	Country



01272004 Chg-P CR2E034 (10/03)

4. FEI Number 23-0485115	Applied For Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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 _____ 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	D	<input checked="" type="checkbox"/> Delete
NAME	NUNZIATA, GREG	
STREET ADDRESS	12 OLD ORCHARD DR.	
CITY-ST-ZIP	WESTON, CT 06883	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATTY, MICHAEL A	
STREET ADDRESS	4 OXFORD CT.	
CITY-ST-ZIP	SUFFERN, NY 10901	
TITLE	D	<input type="checkbox"/> Delete
NAME	DITTRICH JR, RAYMOND R	
STREET ADDRESS	8417 EAST LAJUNTA PLAGE	
CITY-ST-ZIP	SCOTTSDALE, AZ	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEITLER, MICHAEL A	
STREET ADDRESS	25 VIA LUCA	
CITY-ST-ZIP	IRVINE, CA	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	NUNZIATA, WAYNE T	
STREET ADDRESS	12 OLD ORCHARD DRIVE	
CITY-ST-ZIP	WESTON, CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUNZIATA, JANET	
STREET ADDRESS	12 OLD ORCHARD DRIVE	
CITY-ST-ZIP	WESTON, CT	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18 Crest Hill Drive, Apt 18C	
CITY-ST-ZIP	NYACK, NEW YORK 10960	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1209 Champions Way	
CITY-ST-ZIP	SOUTH LAKE, TEXAS 76092	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	31 Feather Sound Drive	
CITY-ST-ZIP	HENDERSON, NEVADA 89052	
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	06883	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	06883	


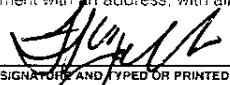
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:  1/27/04 (201) 513-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000004540			
1. Entity Name COLONIAL SURETY COMPANY			
Principal Place of Business 50 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645		Mailing Address 50 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNZIATA, GREG 12 OLD ORCHARD DR. WESTON, CT 06883 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bosniak, Dominique A 44 Ramapo Road Hewitt, New Jersey 07421 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTY, MICHAEL A 4 OXFORD CT. SUFFERN, NY 10901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Gallo, Frederick S 2 Pine Lane Bauville, New York 11709 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITTRICH JR, RAYMOND R 8417 EAST LAJUNTA PLACE SCOTTSDALE, AZ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cima, Sko, Anthony J 521 Piermont Avenue #516 River Vale, New Jersey 07075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEITLER, MICHAEL A 25 VIA LUCA IRVINE, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD NUNZIATA, WAYNE T 12 OLD ORCHARD DRIVE WESTON, CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNZIATA, JANET 12 OLD ORCHARD DRIVE WESTON, CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 		1/27/04 (201) 513-8788	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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