


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90053 023 \*\*\*150.00

<b>DOCUMENT # P04486</b>			
1. Entity Name <b>SUECIA INSURANCE COMPANY</b>			
Principal Place of Business <b>25 SMITH STREET NANUET, NY 10954 US</b>		Mailing Address <b>25 SMITH STREET NANUET, NY 10954 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**50009368**



01262005 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3031274**

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	
CHIEF FINANCIAL OFFICER PO BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399		Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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 ANSEHL, ROBERT A 211 WHIPPOORWILL RD. CHAPPAQUA, NY 10514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Scott Gottesman 6 Harrison Court Cortlandt Manor, NY 10567 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAXNER, CORAN GOLFVAGEN 17 DANDERYD, SWEDEN, S-1827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Zaid Pedersen Valevagen 5B Djursholm, SWEDEN -S-18261 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBSON, GORDON 335 W SHORE DR WYCKOFF, NJ 07481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Howell 32 Briarwood Court Princeton, NJ 08540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDIN, AKE 321 HIGHLAND AVENUE OSSINING, NY 10562 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Murphy 22 Dorchester Road Rockville Center, NY 11570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHING, E. GUNTER 49 HEMLOCK DRIVE SLEEPY HOLLOW, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alan Rein 46 Crossway Scarsdale, NY 10583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, J. LEO 763 PAPE AVENUE TORONTO, ON M4K3J2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anne Mark 56 North Main Street Essex, CT 06426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:**

*Scott Gottesman, Sec'y*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/26/05 845-624-7780*

ATTACHMENT # PO4486  
50009368

SUECIA INSURANCE COMPANY  
CORPORATION ANNUAL REPORT 2003 TO  
FLORIDA DEPARTMENT OF STATE

Continuation of Item 11

Officers and Directors

-Maria Rosqvist Croce	D	12 Terrace Road	Wayne, NJ 07470
Peter Mazurek	D	605 Gladys Court	Northvale, NJ 07647