


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90291 006 ***150.00

DOCUMENT # P0000075499

1. Entity Name
 MOSAIC CONSTRUCTION, INC.



Principal Place of Business
 P.O. BOX 611127
 ROSEMARY BEACH, FL 32461

Mailing Address
 P.O. BOX 611127
 ROSEMARY BEACH, FL 32461

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3674576

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAPLANTE, JON DEREK
 6 LITTLE LANE
 ROSEMARY BEACH, FL 32461

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LAPLANTE, JON D'PRES PO BOX 611127 ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LA PLANTE, CLAIRE Brad Zeitlin PO BOX 611127 ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRADLEY, STEVEN PO BOX 611127 ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, LORI Henry Delesandro PO BOX 611127 ROSEMARY BEACH, FL 32461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____