

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000047126

**Entity Name:** KINGDOM MOSAIC SALES, INC.

**Current Principal Place of Business:**

57 FAIR WAY  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

PO BOX 215  
CRAWFORDVILLE, FL 32326 US

**FEI Number:** 47-1098824

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRYON, NICOLE  
57 FAIR WAY  
CRAWFORDVILLE, FL 32327 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TRYON, NICOLE  
Address        PO BOX 215  
City-State-Zip: CRAWFORDVILLE FL 32326

Title            PRESIDENT  
Name            TRYON, WALTER  
Address        PO BOX 215  
City-State-Zip: CRAWFORDVILLE FL 32326

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICOLE TRYON

**PRESIDENT**

**03/13/2016**

Electronic Signature of Signing Officer/Director Detail

Date