

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000068388**

1. Entity Name  
**DESIGNER MOSAICS INC.**



Principal Place of Business  
**3810 OKEECHOBEE RD  
FT PIERCE, FL 34947**

Mailing Address  
**3810 OKEECHOBEE RD  
FT PIERCE, FL 34947**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0727987**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ADAMS, ROBIN A  
4206 15TH PL  
VERO BCH, FL 32960**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ADAMS, SONJA L  
3810 OKEECHOBEE RD  
FT PIERCE, FL 34947**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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U00000036183  
02/06/04-80049-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Robin Adams Robin Adams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2004  
Date

772-429-2499  
Daytime Phone #