

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000059591

**Entity Name:** MOSAICS OF AMERICA, INC.

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

901 S. 3RD ST.  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

901 S. 3RD ST.  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 65-0933394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOCHSTETTER, ANDREW J  
901 S. 3RD ST.  
FORT PIERCE, FL 34950 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOCHSTETTER, ANDREW  
Address: 72 SOUTH RIVER ROAD  
City-St-Zip: STUART, FL 34996

Title: SD  
Name: HOCHSTETTER, GREGORY  
Address: 18988 SE WINDWARD ISLAND WAY  
City-St-Zip: JUPITER, FL 33458

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: ANDREW J HOCHSTETTER

PRES

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date