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03-09-2004 90010 007 ***150.00
04 APR 29 K78492 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K78492

1. Entity Name
CEILINGS OF DISTINCTION, INC.

Principal Place of Business	Mailing Address
~~389 W. DECARLO DRIVE~~ ~~DELTONA, FL 32725-9021 US~~	~~389 W DECARLO DR~~ ~~DELTONA, FL 32725-9021 US~~

04016294

03052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8910 Blackbird LANE N.W.	8910 Blackbird Lane N.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Thornville, Ohio	City & State: Thornville, Ohio
Zip: 43076-8902 Country: USA	Zip: 43076-8902 Country: USA

4. FEI Number: 59-2945986 ☐ 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
SMITH, M. F ~~389 W. DECARLO DR~~ ~~DELTONA, FL 32725~~	Name Street Address (P.O. Box Number is Not Acceptable) 8910 Blackbird LANE N.W. City: Thornville, Ohio ~~FL~~ Zip Code: 43076

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, 2004 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: DP NAME: SMITH, PAUL G STREET ADDRESS: ~~389 W DECARLO DR~~ CITY-ST-ZIP: ~~DELTONA, FL~~	☐ Delete	☒ Change ☐ Addition TITLE NAME STREET ADDRESS: 8910 Blackbird LANE N.W. CITY-ST-ZIP: Thornville, Ohio 43076-8902
TITLE: ST NAME: SMITH, MARY F STREET ADDRESS: ~~389 W DECARLO DR~~ CITY-ST-ZIP: ~~DELTONA, FL~~	☐ Delete	☒ Change ☐ Addition TITLE NAME STREET ADDRESS: 8910 Blackbird LANE N.W. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/29

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: Frances Smith, Sec. Treas. 3/5/04 (740)246-4485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANCES SMITH

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04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
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Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State: Thornville, Ohio		City & State: Thornville, Ohio	
Zip: 43076	Country: USA	Zip: 43076	Country: USA

4. FEI Number: 59-2945986 ☐ 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
SMITH, M. F 389 W. DECARLO DR. DELTONA, FL 32725	Name: Vonda Tavenner Street Address (P.O. Box Number is Not Acceptable): 2522 Derby Drive City: Deltona FL Zip Code: 32738

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: Vonda Tavenner R.A. DATE: 3/24/04

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, 2004 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	DP SMITH, PAUL G 389 W DECARLO DR DELTONA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 8910 Blackbird LN. Thornville, Ohio 43076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SMITH, MARY F 389 W DECARLO DR DELTONA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 8910 Blackbird LN. Thornville, Ohio 43076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Frances Smith, Sec. Treas. 3/24/04 (740) 246-4485

Signature and typed or printed name of signing officer or director — FRANCES SMITH — Date — Daytime Phone #