


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90030 016 ***150.00

DOCUMENT # K78492 1. Entity Name CEILINGS OF DISTINCTION, INC.	
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Principal Place of Business 8910 BLACKBIRD LANE N.W. THORNVILLE, OH 43076-8902 US	Mailing Address 8910 BLACKBIRD LANE N.W. THORNVILLE, OH 43076-8902 US
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2. Principal Place of Business 141 Lakeview Dr. Suite, Apt. #, etc.	3. Mailing Address P O Box 442 Suite, Apt. #, etc.
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03202005 Chg-P CR2E034 (10/03)

City & State Thornville Ohio	City & State Thornville Ohio	4. FEI Number 59-2945986	Applied For <input type="checkbox"/> Not Applicable
Zip Country 43076 USA	Zip Country 43076-0442 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TAVENNER, VONDA
2522 DERBY DRIVE
DELTONA, FL 32738**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, PAUL G	
STREET ADDRESS	8910 BLACKBIRD LANE N.W.	
CITY-ST-ZIP	THORNVILLE, OH 430768902	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, MARY F	
STREET ADDRESS	8910 BLACKBIRD LANE N.W.	
CITY-ST-ZIP	THORNVILLE, OH 430768902	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	[X] Change [] Addition
NAME	
STREET ADDRESS	141 Lakeview Dr / P O Box 442
CITY-ST-ZIP	Thornville, Ohio 43076-0442
TITLE	[X] Change [] Addition
NAME	
STREET ADDRESS	141 Lakeview Dr / P O Box 442
CITY-ST-ZIP	Thornville, OH 43076-0442
TITLE	[] Change [] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] Change [] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] Change [] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.*
Frances Smith

3-18-05