

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 DEC -6 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300043300383

12/09/04--01026--012 \*\*200.00



08052004 Chg-P CR2E034 (10/03)

DOCUMENT # F01000000976

1. Entity Name  
ECONOMY MAINTENANCE SUPPLY COMPANY



Principal Place of Business  
11 ACACIA LANE  
STERLING, VA 20166

Mailing Address  
11 ACACIA LANE  
STERLING, VA 20166

2. Principal Place of Business  
2455 Paces Ferry Rd, C-20  
Suite, Apt. #, etc.

3. Mailing Address  
2455 Paces Ferry Rd, C-20  
Suite, Apt. #, etc.

City & State  
Atlanta, GA

City & State  
Atlanta, GA

4. FEI Number  
52-1395015

Applied For  
Not Applicable

Zip  
30339

Country  
USA

Zip  
30339

Country  
USA

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

## 6. Name and Address of Current Registered Agent

DECANIO, PATRICK  
9717 VIA SEGOVIA  
NEWPORT RICHEY, FL 34655

## 7. Name and Address of New Registered Agent

Name  
C T Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road

City Plantation FL Zip Code 33324

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]*

Allan Farnell, Vice President

12/3/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000041938680  
12/04--01064--009 \*\*550.00

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECANIO, JOHN 11 ACACIA LANE STERLING, VA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARREN, WILLIAM 11 ACACIA LANE STERLING, VA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lewis S. Klessel 2455 Paces Ferry Rd. Atlanta, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Frank L. Fernandez 2455 Paces Ferry Rd. Atlanta, GA 30339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Francis S. Blake 2455 Paces Ferry Rd. Atlanta, GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Carol B. Tome 2455 Paces Ferry Rd, Atlanta, GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Rita Fadell 2455 Paces Ferry Rd. Atlanta, GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Steven Taplits 2455 Paces Ferry Rd., Atlanta, GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, or all other like empowered.

SIGNATURE:

*[Signature]*

Rita Fadell, Assistant Secretary

8/16/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #