


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90001 006 ***550.00

DOCUMENT # F98000005604
 1. Entity Name
THE HOME DEPOT SPECIAL SERVICES, INC.



Principal Place of Business
**2455 PACES FERRY RD.
 C-20
 ATLANTA, GA 30339**

Mailing Address
**2455 PACES FERRY RD.
 C-20
 ATLANTA, GA 30339**

44046195



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05112004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
58-2179560

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKE, FRANCIS S	
STREET ADDRESS	2455 PACES FERRY RD.	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TOME, CAROL B	
STREET ADDRESS	2455 PACES FERRY RD.	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAREY, DENNIS J	
STREET ADDRESS	2455 PACES FERRY RD.	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FERNANDEZ, FRANK L	
STREET ADDRESS	2455 PACES FERRY RD.	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MAZZONE, DOMINIC C	
STREET ADDRESS	2455 PACES FERRY RD	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHATLEY, DAVID	
STREET ADDRESS	2455 PACES FERRY RD.	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DOMINIC C. MAZZONE *DMC* 5/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #