## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # F98000005604



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

THE HOME DEPOT SPECIAL SERVICES, INC.					U5 A	APK-7 AM	9: 16		
2455 PACES FERRY RD. 2 C-20 0		Mailing Address 2455 PACES FERRY RD. C-20 ATLANTA, GA 30339		4		Fi B1 181111 881111 - 88111 88111			
2. Principal Place of Business		3. Mailing Address			<b>/</b> &				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03162006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State		4	4. FEI Number 58-2179	560		<del></del>	pplied For t Applicable
Zip	Country	Zip	Country	5		f Status Desired		8.75 Add ee Required	litional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES OFFICERS AND DIRECTORS									
TITLE	OFFICERS AND		TITLE	Direct	tor, Presi	HANGES TO OFF	CERSTAND	DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	BLAKE, FRANCIS S 2455 PACES FERRY RD. ATLANTA, GA 30339	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	1	Francis			<b>⊠</b> Change	☐ Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOME, CAROL B 2455 PACES FERRY RD. ATLANTA, GA 30339	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tomé	or, VP+T é, Carol me	Treasurer B.		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASS;	istant ven T	Treasure implits	<i>(</i>	☐ Change	Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Walley Stage Tonathan M-Gottseger SIGNATURE Wall TYPEDER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 770-384-2858 Daytime Phone #