


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90006 029 ***150.00

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



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

40008646



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
58-2179560 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLAKE, FRANCIS S	
STREET ADDRESS	2455 PACES FERRY RD.	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	TOME, CAROL B	
STREET ADDRESS	2455 PACES FERRY RD.	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FERNANDEZ, FRANK L	
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	D	<input type="checkbox"/> Delete
NAME	TOME, CAROL B	
STREET ADDRESS	2455 PACES FERRY RD	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BRISENDINE, L BRILEY	
STREET ADDRESS	2455 PACES FERRY RD	
CITY-ST-ZIP	ATLANTA, GA 30339	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan M. Gottsegen	
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		
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 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: Jonathan M. Gottsegen Date: 1-16-07 Daytime Phone #: 770-433-8211