


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P25953

1. Entity Name
 HOME DEPOT U.S.A., INC.



Principal Place of Business
 2455 PACES FERRY ROAD
 ATLANTA, GA 30339-4024

Mailing Address
 2455 PACES FERRY ROAD
 C-20
 ATLANTA, GA 30339-4024

DO NOT WRITE IN THIS SPACE



03012003 No Chg-P CR2E034 (10/03)

4. FEI Number
 58-1853319

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 resigning)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD BLAKE, FRANCIS S 2455 PACES FERRY ROAD ATLANTA, GA
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P NARDELLI, ROBERT L 2455 PACES FERRY ROAD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SVP RICE, TROY 2455 PACES FERRY ROAD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DVP TOME, CAROL 2455 PACES FERRY RD. ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DS FERNANDEZ, FRANK L 2455 PACES FERRY RD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY, ST, ZIP	S MAZZONE, DOMINIC C 2455 PACES FERRY RD ATLANTA, GA 30339

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 06/09/04-80002-014 150.00

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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, Assist. Sec. *DWJ 6/9/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date