

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013024

FILED
Mar 01, 2007
Secretary of State

Entity Name: MAINTENANCE SUPPLY SPECIALIST, INC.

Current Principal Place of Business:

17425 7TH STREET (CR455)
MONTVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560372
MONTEVERDE, FL 34756

New Mailing Address:

FEI Number: 59-3298292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELDRIDGE, LAURA L PD
16040 RIDGEWOOD AVE
MONTVERDE, FL 34756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ELDRIDGE, TRACY LYNN
Address: 16903 LAKESIDE DRIVE, #8
City-St-Zip: MONTEVERDE, FL 34756

Title: VPD () Delete
Name: ELDRIDGE, ROBERT WESLEY
Address: 16903 LAKESIDE DRIVE, #8
City-St-Zip: MONTVERDE, FL 34756

Title: T () Delete
Name: ELDRIDGE, EDWARD LLOYD
Address: 16903 LAKESIDE DRIVE, #8
City-St-Zip: MONTEVERDE, FL 34756

Title: PD () Delete
Name: ELDRIDGE, LAURA LEE
Address: 16903 LAKESIDE DRIVE, #8
City-St-Zip: MONTEVERDE, FL 34756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: ELDRIDGE, TRACY LYNN
Address: PO BOX 560372
City-St-Zip: MONTEVERDE, FL 34756

Title: VPD (X) Change () Addition
Name: ELDRIDGE, ROBERT WESLEY
Address: PO BOX 560372
City-St-Zip: MONTVERDE, FL 34756

Title: T (X) Change () Addition
Name: ELDRIDGE, EDWARD LLOYD
Address: PO BOX 560372
City-St-Zip: MONTEVERDE, FL 34756

Title: PD (X) Change () Addition
Name: ELDRIDGE, LAURA LEE
Address: PO BOX 560372
City-St-Zip: MONTEVERDE, FL 34756

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA LEE ELDRIDGE

PRES

03/01/2007

Electronic Signature of Signing Officer or Director

_____ Date