

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000013024

**Entity Name:** MAINTENANCE SUPPLY SPECIALIST, INC.**Current Principal Place of Business:**16040 RIDGEWOOD AVE  
MONTVERDE, FL 34756**Current Mailing Address:**16040 RIDGEWOOD AVE  
MONTEVERDE, FL 34756 US**FEI Number:** 59-3298292**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELDRIDGE, LAURA LPD  
16040 RIDGEWOOD AVE  
MONTVERDE, FL 34756 US*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**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | S                    |
| Name            | ELDRIDGE, TRACY LYNN |
| Address         | 16040 RIDGEWOOD AVE  |
| City-State-Zip: | MONTEVERDE FL 34756  |

|                 |                         |
|-----------------|-------------------------|
| Title           | VPD                     |
| Name            | ELDRIDGE, ROBERT WESLEY |
| Address         | 16040 RIDGEWOOD AVE     |
| City-State-Zip: | MONTVERDE FL 34756      |

|                 |                        |
|-----------------|------------------------|
| Title           | T                      |
| Name            | ELDRIDGE, EDWARD LLOYD |
| Address         | PO BOX 560033          |
| City-State-Zip: | MONTEVERDE FL 34756    |

|                 |                     |
|-----------------|---------------------|
| Title           | PD                  |
| Name            | ELDRIDGE, LAURA LEE |
| Address         | 16040 RIDGEWOOD AVE |
| City-State-Zip: | MONTEVERDE FL 34756 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** LAURA LEE ELDRIDGE**PRESIDENT****03/01/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date