


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90093 009 ***150.00

DOCUMENT # 402764

1. Entity Name
DISCOUNT AUTO PARTS, INC.



Principal Place of Business
**5673 AIRPORT RD.
 ROANOKE, VA 24012 US**

Mailing Address
**P.O. BOX 2710
 ROANOKE, VA 24001-2710 US**

40076360



2. Principal Place of Business - No P.O. Box #
5008 Airport Rd

3. Mailing Address
5008 Airport Rd

Suite, Apt. #, etc.

04132007 Chg-P CR2E034 (12/06)

City & State
Roanoke, VA

City & State
Roanoke, VA

Zip
24012

Country
USA

Zip
24012

Country
USA

4. FEI Number
59-1447420

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DR., STE. 4
 WESTON, FL 33331**

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	PCEO	<input type="checkbox"/> Delete
NAME	COPPOLA, MICHAEL M	
STREET ADDRESS	5673 AIRPORT RD	
CITY-ST-ZIP	ROANOKE, VA 24012	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	WADE, JIMMIE C	
STREET ADDRESS	5673 AIRPORT RD	
CITY-ST-ZIP	ROANOKE, VA 24012	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARGOLIN, ERIC M	
STREET ADDRESS	5673 AIRPORT RD.	
CITY-ST-ZIP	ROANOKE, VA 24012	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	MOORE, MICHAEL O	
STREET ADDRESS	5673 AIRPORT RD	
CITY-ST-ZIP	ROANOKE, VA 24012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael N. Coppola	
STREET ADDRESS	5008 Airport Road	
CITY-ST-ZIP	Roanoke, VA 24012	
TITLE	EVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmie L Wade	
STREET ADDRESS	5008 Airport Road	
CITY-ST-ZIP	Roanoke, VA 24012	
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric m margolin	
STREET ADDRESS	5008 Airport Road	
CITY-ST-ZIP	Roanoke, VA 24012	
TITLE	VP/Treas/AS ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael o moore	
STREET ADDRESS	5008 Airport Road	
CITY-ST-ZIP	Roanoke, VA 24012	
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: Kevin Green **Kevin Green, Director of Tax** 4/16/2007 5409624911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR