


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90093 009 \*\*\*150.00

<b>DOCUMENT # 402764</b> 1. Entity Name <b>DISCOUNT AUTO PARTS, INC.</b>			
Principal Place of Business <b>5673 AIRPORT RD. ROANOKE, VA 24012 US</b>		Mailing Address <b>P.O. BOX 2710 ROANOKE, VA 24001-2710 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5008 Airport Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>5008 Airport Rd</b> Suite, Apt. #, etc.	
City & State <b>Roanoke, VA</b> Zip <b>24012</b>		City & State <b>Roanoke, VA</b> Zip <b>24012</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1447420</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <b>COPPOLA, MICHAEL M</b> <input type="checkbox"/> Delete <b>5673 AIRPORT RD</b> <b>ROANOKE, VA 24012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEED</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Michael N. Coppola</b> <b>5008 Airport Road</b> <b>Roanoke, VA 24012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD <b>WADE, JIMMIE C</b> <input type="checkbox"/> Delete <b>5673 AIRPORT RD</b> <b>ROANOKE, VA 24012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jimmie L Wade</b> <b>5008 Airport Road</b> <b>Roanoke, VA 24012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>MARGOLIN, ERIC M</b> <input type="checkbox"/> Delete <b>5673 AIRPORT RD.</b> <b>ROANOKE, VA 24012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Eric m margolin</b> <b>5008 Airport Road</b> <b>Roanoke, VA 24012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS <b>MOORE, MICHAEL O</b> <input type="checkbox"/> Delete <b>5673 AIRPORT RD</b> <b>ROANOKE, VA 24012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/Treas/AS ID</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Michael o moore</b> <b>5008 Airport Road</b> <b>Roanoke, VA 24012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kevin Green</u> <b>Kevin Green, Director of Tax</b> <b>4/16/2007</b> <b>5403624911</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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