

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90093 012 \*\*\*150.00

**DOCUMENT # F00000005730**

1. Entity Name  
**CARQUEST AUTO PARTS OF UNIVERSITY FL, INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 26006**      **P.O. BOX 26006**  
**RALEIGH, NC 27611**      **RALEIGH, NC 27611**

2. Principal Place of Business      3. Mailing Address  
**2635 Millbrook Rd**      Suite. Apt. #, etc.  
 Suite. Apt. #, etc.      City & State

City & State      City & State  
**Raleigh NC**      City & State  
 Zip      Country      Zip      Country  
**27604**      Country      Zip      Country



04072004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**56-2223745**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

**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.

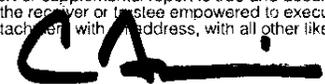
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAVRACK, WAYNE D			NAME			
STREET ADDRESS	2635 MILLBROOK ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC 27604			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUYKENDALL, WILLIAM D			NAME			
STREET ADDRESS	2635 MILLBROOK ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC 27604			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARDNER, JOHN			NAME			
STREET ADDRESS	2635 MILLBROOK ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC 27604			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRISON, CHARLES E			NAME			
STREET ADDRESS	2635 MILLBROOK ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC 27604			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUIRLINGER, RICHARD B			NAME			
STREET ADDRESS	2635 MILLBROOK ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC 27604			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, J. HINES III			NAME			
STREET ADDRESS	2635 MILLBROOK ROAD			STREET ADDRESS			
CITY-ST-ZIP	RALEIGH, NC 27604			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 address, with all other like empowered.

SIGNATURE:  **CHARLES E. GARRISON**      4/7/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #