

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90094 004 \*\*\*150.00

14005547



04072004 Chg-P CR2E034 (10/03)

4. FEI Number  
56-2223749

Applied For  
Not Applicable

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

**DOCUMENT # F00000005735**

1. Entity Name  
CARQUEST AUTO PARTS OF WILDWOOD FL, INC.



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

Mailing Address  
P.O. BOX 26006  
RALEIGH, NC 27611

2. Principal Place of Business  
2635 Millbrook Rd  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Raleigh NC

Zip  
27604

Country

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

**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	GUURLINGER, 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)(i), 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:** **CHARLES E. GARRISON** 4/7/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #