## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90093 026 \*\*\*150.00

| DOCUMEN I # FU100004919  1. Entity Name CARQUEST AUTO PARTS OF FLAGLER BEACH FL, INC.  |  |                                     |            |                            |              |  | 04-22-2004                     | J00JJ 0.           | 20 1.           | 70.00                       |  |
|--|--|-------------------------------------|------------|----------------------------|--------------|--|--------------------------------|--------------------|-----------------|-----------------------------|--|
| Principal Plac   | e of Business  | Mailing Address                     |            |                            |              |  |                                |                    |                 |                             |  |
| 2635 E. MILLBROOK ROAD<br>Raleigh, NC 27604  |  | P.O. BOX 26006<br>Raleigh, NC 27611 |            |                            |              | 4 18411.58                             | ir an(3) Hāvi ākķii ēmili 88() | . 22111 88111 8181 | å ellle hund fr | Rijuwi lê lûwa              |  |
| 2. Principal Place of Business   |  | 3. Mailing Address                  |            |                            |              |  |                                |                    |                 |                             |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #. etc.                 |            |                            |              | 04072004                               | Chg-P                          | CR2E03             | 4 (10/03)       |                             |  |
| City & State   |  | City & State                        |            |                            |              | 4. FEI Numb                            |                                |                    | <u> </u>        | pplied For<br>ot Applicable |  |
| Zip  | Country  | Zip                                 | Zip Count  |                            |              | 5. Certificate                         | e of Status Desired            |                    | 8.75 Ad         |                             |  |
|  | 6. Name and Address of Current                                     | Registered Agent                    |            |                            |              | 7. Name and                            | d Address of New Ro            | egistered A        | gent            |                             |  |
| CORPORATION SERVICE COMPANY  |  |                                     |            |                            | Name         |  |                                |                    |                 |                             |  |
| 1201 HAY   | S STREET<br>SSEE, FL 32301-2525                                    | Street Ac                           |            |                            | ddress (f    | ss (P.O. Box Number is Not Acceptable) |                                |                    |                 |                             |  |
|  |  |                                     |            | City                       |              |  |                                | FL                 | Zip Coc         | de                          |  |
| 8. The above   | named entity submits this statement for                            | or the purpose of changing its r    | egistere   |                            | register     | ed agent, or bo                        | oth, in the State of Flo       |                    | <u> </u>        |                             |  |
| the obligations of registered agent.   |  |                                     |            |                            |              |  |                                |                    |                 |                             |  |
| SIGNATURE_   | Signature, typed or printed name of registered agent               | and title if applicable. (NOTE:     | Registerac | Agent signat               | ire required | when reinstating)                      | ,                              | DATE               |                 |                             |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Added to Fee   |  |                                     |            |                            |              | ed to Fees                             |                                |                    |                 |                             |  |
| 10.  | OFFICERS AND   |                                     | 11.        | <del></del> _              |              | ADDITIONS                              | CHANGES TO OFFI                |                    |                 |                             |  |
| TITLE<br>NAME  | PD   |                                     |            |                            |              |  |                                |                    | Change          | ☐ Addition                  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                                     |            | et adoress<br>-st-zip      |              |  |                                |                    |                 |                             |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  | VD<br>GARDNER, JOHN<br>2635 E. MILLBROOK ROAD<br>RALEIGH, NC 27604 | □ Delete                            |            |                            |              |  |                                |                    | ☐ Change        | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS   | SD<br>GARRISON, CHARLES E<br>2635 E. MILLBROOK ROAD                | ☐ Delete                            | 1          | ET ADDRESS                 |              |  |                                |                    | Change          | ☐ Addition                  |  |
| TITLE<br>NAME  | TD<br>GUIRLINGER, RICHARD  | ☐ Delete                            | TITLE      | ·SI-ZIP                    | TBuil        | rlinger,                               | Richard                        |                    | Change          | Addition                    |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 2635 MILLBROOK RD<br>RALEIGH, NC 27604                             |                                     |            | et address<br>-St-Zip      | Sa M         | e o                                    |                                |                    |                 |                             |  |
| TITLE  |  | ☐ Delete                            | TITLE      |                            |              |  |                                | -                  | ☐ Change        | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                                     | STREE      | :<br>et address<br>-st-zip |              |  |                                |                    |                 |                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete                            | 1          |                            | 7"           |  |                                |                    | Change          | Addition                    |  |
| 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 cath, 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 of the receiver of the corporation of the receiver or trustee empowered. |  |                                     |            |                            |              |  |                                |                    |                 |                             |  |
| SIGNATURE; SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Day/Irrie Phone #  |  |                                     |            |                            |              |  |                                |                    |                 |                             |  |