

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-22-2004 90093 031 ***150.00

DOCUMENT # F01000004924

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



Principal Place of Business
**2635 E. MILLBROOK ROAD
RALEIGH, NC 27604**

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

14005470



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2265739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAVRACK, WAYNE D 2635 E. MILLBROOK ROAD RALEIGH, NC 27604
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GARDNER, JOHN 2635 E. MILLBROOK ROAD RALEIGH, NC 27604
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARRISON, CHARLES E 2635 E. MILLBROOK ROAD RALEIGH, NC 27604
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRUILLINGER, RICHARD 2635 HILLBROOK RD RALEIGH, NC 27604
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. GARRISON

4/7/04
Date

Daytime Phone #