


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90028 018 ***150.00

DOCUMENT # F41444	
1. Entity Name DISCOUNT AUTO PARTS OF VENICE, INC.	

Principal Place of Business 2200 BRIDGE ST. 557 VENICE LANE C/O DAVID E. PACK ENGLEWOOD, FL 34223 US SARASOTA FL 34242	Mailing Address P.O. BOX 5753 C/O DAVID E. PACK SARASOTA, FL 34277 US
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DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2123428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PACK, DAVID E. 2200 BRIDGE STREET- 557 VENICE LN. ENGLEWOOD, FL 34223 SARASOTA FL 34242

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PACK, DAVID E 2200 BRIDGE STREET 557 VENICE LANE ENGLEWOOD, FL SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GD PACK, MARCIA C. 2200 BRIDGE STREET ENGLEWOOD, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 I am empowered.

SIGNATURE: David E. Pack PRES 4-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #