FILED 5 08:00 AM y of State

2005 FOR PR ANN	OFIT CORPORATION	Feb 16, 2005 08:00			
DOCUMENT # F4144 1. Entity Name DISCOUNT AUTO PARTS OF			Secretary of State		
Principal Place of Business 557 VENICE LANE C/O DAVID E. PACK SARASOTA, FL 34242 US	Mailing Address P.O. BOX 5753 C/O DAVID E. PACK SARASOTA, FL 34277 US				
DO NOT WF	RITE IN THIS SPA	CE		E034 (10/03) Applied For Not Applicable	
6 Name and Addises of	Current Registered Agent		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address o	Current Registered Agent	-			
PACK, DAVID E. 557 VENICE LANE			DO NOT WRIT	Έ	
SARASOTA, FL 34242			IN THIS SPACE		
The above named entity submits this state the obligations of registered agent.	atement for the purpose of changing its registe	red office or registe	ored agent, or both, in the State of Florida. I a	am familiar with, and accept	
SIGNATURE	THE RESERVE OF THE PARTY OF THE	f to and Palances constitution	rd when rejustating DATE		
Signature, typod or printed name of reg	istered agent and little it applicable. (NOTE, Register	red Agent signature require	o wientenskends OATE		
FILE NOWILL SEE 18 \$15	9. Election Campaign Fina	ancing \$5	5.00 May Be		

After M	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND DIREC	TORS	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PACK, DAVID E 557 VENICE LANE SARASOTA, FL 34242			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 inclicated 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 either like empowered.

SIGNATURE:

SINUTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR