2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # F95000003436 04-22-2004 90094 022 ***150.00 CARQUEST AUTO PARTS OF PALATKA FL, INC. Principal Place of Business Mailing Address 2635 MILLBROOK RD. 2635 MILLBROOK RD. 14005529 RALEIGH, NC 27604 RALEIGH, NC 27604 04062004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3321865 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. DO NOT WRITE 1201 HAYS STREET SUITE 105 IN THIS SPACE TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE GUIRLINGER, RICHARD B NAME STREET ADDRESS 2635 MILLBROOK RD CITY-ST-ZIP RALEIGH, NC 27604 TITLE LAVRACK, WAYNE NAME STREET ADDRESS 2635 MILLBROOK RD CITY-ST-ZIP RALEIGH, NC 27604 TITLE NAME GARRISON, CHARLES E STREET ADDRESS 2635 MILLBROOK RD DO NOT WRITE CITY-ST-ZIP RALEIGH, NC 27604 TITLE IN THIS SPACE NAME GARDNER, JOHN STREET ADDRESS 2635 HILLBROOK RD CITY-ST-ZIP RALEIGH, NC 27604 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 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 diseever or disease 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 attack of the with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

CHARLES E. GARRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED