

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90094 020 ***150.00

DOCUMENT # F96000000255
 1. Entity Name
 CARQUEST AUTO PARTS OF THOMAS DR. FL, INC.



Principal Place of Business
 2635 MILLBROOK RD
 RALEIGH, NC 27604

Mailing Address
 2635 MILLBROOK RD
 RALEIGH, NC 27604

14005531



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3345324

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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 _____ (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	T
NAME	GUURLINGER, RICHARD B
STREET ADDRESS	2635 MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	PD
NAME	LAVRACK, WAYNE
STREET ADDRESS	2635 MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	SD
NAME	GARRISON, CHARLES E
STREET ADDRESS	2635 MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	VD
NAME	GARDNER, JOHN
STREET ADDRESS	2635 MILLBROOK ROAD
CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **CHARLES E. GARRISON** 4/7/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #