

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90219 031 \*\*\*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

40083994



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04062007 Chg-P CR2E034 (12/06)

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

4. FEI Number: 59-3345324  
 Applied For: Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	ST	<input type="checkbox"/> Delete
NAME	GUIRLINGER, RICHARD B	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH, NC 27604	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAVRACK, WAYNE	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH, NC 27604	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARDNER, JOHN	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH, NC 27604	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FELMAN, JAMES S	
STREET ADDRESS	2635 MILLBROOK RD	
CITY-ST-ZIP	RALEIGH, NC 27604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD Guirlinger, Richard B	
STREET ADDRESS	same	
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Riess, J. Michael Riess	
STREET ADDRESS	2635 Millbrook Rd	
CITY-ST-ZIP	Raleigh, NC 27604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wicker Robert	
STREET ADDRESS	2635 Millbrook Rd	
CITY-ST-ZIP	Raleigh NC 27604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: James Felman James Felman 4/10/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #