## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 01, 2006 8:00 am Secretary of State DOCUMENT # F96000000260 05-01-2006 90432 002 \*\*\*150.00 1. Entity Name CARQUEST AUTO PARTS OF MILLVILLE FL, INC. Principal Place of Business Mailing Address 2635 MILLBROOK ROAD 2635 MILLBROOK ROAD 50018408 RALEIGH, NC 27604 RALEIGH, NC 27604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3345213 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE, FL 32301 City Zip Code FL 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. 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 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ST TITLE THILE ☐ Delete ☐ Change Addition GUIRLINGER, RICHARD B NAME NAME STREET ADDRESS STREET ADDRESS 2635 MILLBROOK ROAD CITY-ST-ZIP RALEIGH, NC 27604 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE LAVRACK, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 2635 MILLBROOK ROAD CITY-ST-ZIP CITY-ST-ZIP RALEIGH, NC 27604 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME GARDNER, JOHN NAME STREET ADDRESS 2635 MILLBROOK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RALEIGH, NC 27604 Addition ☐ Delete TITLE ☐ Change TITLE Felman James S. 2635 Millbrook Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Leigh NC 27604 ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

Daytime Phone #