2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # F97000004369 05-01-2006 90432 003 ***150.00 CARQUEST AUTO PARTS OF LAKE CITY FL, INC. Principal Place of Business Mailing Address 50018407 2635 MILLBROOK RD. 2635 MILLBROOK RD. RALEIGH, NC 27604 RALEIGH, NC 27604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 59-3463916 Not Applicable Zip Country Zip 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 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 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 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ٧n ☐ Defete TITLE TITLE ☐ Change Addition GARDNER, JOHN NAME NAME 2635 MILLBROOK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27604 CITY-ST-ZIP PD TITLE ☐ Defete Change ☐ Addition LAVRACK, WAYNE D NAME NAME 2635 MILLBROOK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27604 CITY-ST-ZIP ST TITLE ☐ Oelete TITLE ☐ Change ■ Addition GUIRLINGER, RICHARD B NAME NAME STREET ADDRESS 2635 MILLBROOK RD. STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27604 CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE Felman, James S. 2635 Hillbrook Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP elah NC 27604 ☐ Detete TITLE TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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 quality 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.

FILED

May 01, 2006 8:00 am