2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90395 028 ***150.00

ADVANCE STORES COMPANY, INCORPORATED										
Principal Plac 5673 AIRPOI ROANOKE, V	RT ROAD	Mailing Address P.O. BOX 2710 ROANOKE, VA 24001	US			_	.00257.4 .		TILD INCOMENDATION	N 371 1 381
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04062006	Chg-P	CR2E0	34 (11/05)	
City & State	9	City & State				4. FEI Numb 54-011			<u></u>	oplied For ot Applicable
Zip	Country	Zip	Coun	try		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New F	Registered .	Agent	
	VICES, INC. CUTIVE PARK DR., STE. 4 FL 33331			Name Street A	ddress (I	P.O. Box Numb	er is Not Acceptabl	e)		
				City				FL	Zip Cod	e
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State of Ft	orida. I am	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	: Registered	i Agent signati	ure required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campai Trust Fund Cont		cing	\$5. Adde	00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS,	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PD	☐ Delete	TITLE		VIC	E PRES	IDENT/DI	RECT.	🙀 Change	☐ Addition
NAME STREET ADDRESS	WADE, JIMMIE L 5673 AIRPORT ROAD		NAMI	ET ADORESS		E, JIMI		_		
CITY-ST-ZIP	ROANOKE, VA 24012		1	-ST-ZIP	l		PORT ROA: <u>-VA 2401</u>			
TITLE	٧	Delete	TITLE	:	VP/	CFO/AS	/n	_	Change	Addition
NAME	HEDRICK, ROBERT E		NAMI		Mod	RE, MI	ÇĦĄEL Q.			**
STREET ADDRESS CITY-ST-ZIP	5673 AIRPORT ROAD ROANOKE, VA 24012			ET ADORESS - ST-ZIP	DO /	NUKE	ĆĦAEL O. ORT ROAD VA 24012			
TITLE	CEOD CEOD		TITLE		VP	more,	VA 24012		☐ Change	Addition
NAME	CASTELLANI, LARRY	CX Delete	NAMI			DAV F	I WVN C		C Cusude	(X) vooinoii
STREE(ADDRESS	5673 AIRPORT ROAD		STRE	ET ADDRESS	567	Ί3 ÂÎRÞ	LWYN G ORT ROAD			
CITY-ST-ZIP	ROANOKE, VA 24012		CITY	ST-ZIP	ROA	NOKE,	<u>VA 24012</u>			
TITLE	V	☐ Delete	TITLE		V P				Change	Addition
NAME STREET ADDRESS	KLASING, PAUL N 5673 AIRPORT ROAD		NAM	ET ADDRESS	MUE	LLER,	DAVID B. ORT ROAD			
CITY-ST-ZIP	ROANOKE, VA 24012			ST-ZIP						
ITILE	SDV	☐ Detete	TITLE		VP	NUKE,	VA 24012		Change	X) Addition
NAME	MARGOLIN, ERIC M		NAM			SON, K	EITH		0ago	(A) House
STREET ADORESS	5673 AIRPORT ROAD			ET ADDRESS	567	3 AİRP	ORT ROAD			
CITY-SI-ZIP	ROANOKE, VA 24012		CITY	S1 · ZIP			VA 24012			
TITLE	CORROLA MICHAEL N	☐ Delete	TITLE			E0/D			X Change	Addition
NAME STREET ADDRESS	COPPOLA, MICHAEL N 5673 AIRPORT ROAD		NAME	ET ADDRESS	COP	POLA, N	MICHAEL I	Ν.		
CITY-ST-ZIP	ROANOKE, VA 24012			ST-ZIP			ORT ROAD			
12. I hereby o	certify that the information supplied with	this filing does not qualify for	r the exe	mptions c	ontained	in Chapter 119	A 24012 Florida Statutes.	I further cer	tify that the in	nformation

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

SIGNATUR	ľΕ	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

Daytime Phone #