


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90028 020 ***150.00

DOCUMENT # G94978

1. Entity Name
 DISCOUNT AUTO PARTS OF PORT CHARLOTTE, INC.



Principal Place of Business Mailing Address

~~2200 BRIDGE ST.~~
 ENGLEWOOD, FL 34223 — US

557 VENICE LANE
 SARASOTA FL 34242

BOX 5753
 SARASOTA, FL 34277

94048181



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2390973

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PACK, DAVID
~~2200 BRIDGE ST.~~
~~ENGLEWOOD, FL 34229~~

557 VENICE LANE
 SARASOTA FL 34242

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP PACK, DAVID E. 2200 BRIDGE ST. 557 VENICE LN. ENGLEWOOD, FL 34229 SARASOTA FL 34242
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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 an address, with all other like empowered.

SIGNATURE: D. Paul PLES 4-1-04 941-468-9402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #