2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L94673

Name:

Address:

City-St-Zip:

HARNESS, JOHN W

3100 MASTERPIECE RD.

LAKE WALES, FL 33853

Entity Name: DORMAN'S AUTO SALES, INC

FILED Apr 20, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
P.O. BOX I406 LAKE WALES, FL 33853			841 US HWY 27 S LAKE WALES, FL 3385	841 US HWY 27 S LAKE WALES, FL 33853	
Current N	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
P.O. BOX LAKE WA	1406 LES, FL 33853	3	P.O. BOX 1406 LAKE WALES, FL 3385	53	
FEI Number	: 59-3015218	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent	Name and Address of	Name and Address of New Registered Agent:	
	e of Florida.	submits this statement for th	ne purpose of changing its registered	office or registered agent, or both,	
	Electror	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () MANNING, DAV 3825 WHITE O LAKE WALES,	AK CT	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ST () HARNESS, JAN 3100 MASTERI LAKE WALES,	PIECE RD	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	VP () Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVELENE A MANNING P 04/20/2009