

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 448359

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** ORIGINAL EQUIPMENT REPLACEMENT PARTS, INC.

**Current Principal Place of Business:**

3700 FISCAL COURT  
RIVIERA BEACH, FL 334041723 US

**New Principal Place of Business:**

**Current Mailing Address:**

3700 FISCAL COURT  
RIVIERA BEACH, FL 334041723 US

**New Mailing Address:**

**FEI Number:** 59-1564068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TURNER, RICHARD  
4624 HOLLY DRIVE  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TURNER, RICHARD  
Address: 4624 HOLLY DR.  
City-St-Zip: PALM BEACH GARDENS,

Title: SDT  
Name: TURNER, LYNOR  
Address: 4624 HOLLY DR.  
City-St-Zip: PALM BEACH GARDENS,

Title: DVP  
Name: TURNER, DARIN  
Address: 8369 MAN O WAR ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: LYNOR TURNER

SDT

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date