


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90549 015 ***150.00

DOCUMENT # H31492
 1. Entity Name
 DOC PARTIN RANCH, INC.



Principal Place of Business: 1000 LEGION PLACE, SUITE 1700, ORLANDO, FL 32801
 Mailing Address: 1000 LEGION PLACE, SUITE 1700, ORLANDO, FL 32801



2. Principal Place of Business: 6105 Canoe Creek Rd
 3. Mailing Address: 6105 Canoe Creek Rd

03212005 Chg-P CR2E034 (10/03)

City & State: St. Cloud, FL

4. FEI Number: 59-2502400
 Applied For: Not Applicable

Zip: 34772

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

6. Name and Address of Current Registered Agent
 SHUFFIELD, W. CHARLES ESQ
 1000 LEGION PLACE
 SUITE 1700
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL 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 the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: DVP NAME: PARTIN JR., HENRY H. STREET ADDRESS: 5355 CANOE CREEK ROAD CITY-ST-ZIP: ST. CLOUD, FL	<input type="checkbox"/> Delete
TITLE: VD NAME: PARTIN, W. DOUGLAS STREET ADDRESS: P OBOX 99 CITY-ST-ZIP: KENASNSVILLE, FL	<input type="checkbox"/> Delete
TITLE: ST NAME: PARTIN, BEVERLY W. STREET ADDRESS: 5355 CANOE CREEK ROAD CITY-ST-ZIP: ST. CLOUD, FL	<input type="checkbox"/> Delete
TITLE: DP NAME: PARTIN, MILDRED STREET ADDRESS: 6101 CANOE CREEK ROAD CITY-ST-ZIP: SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete
TITLE: D NAME: KEMPFER, BECKY P STREET ADDRESS: 8053 OCEAN PRARIE LANE CITY-ST-ZIP: MELBOURNE, FL 32904	<input type="checkbox"/> Delete
TITLE: D NAME: BOOTH, MARTHA P STREET ADDRESS: 6101 CANOE CREEK RD. CITY-ST-ZIP: SAINT CLOUD, FL 34772	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mildred M Partin Date: 4/11/05 Daytime Phone #: 407-892-2098