## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H31492

Entity Name: DOC PARTIN RANCH, INC.

FILED Jul 16, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
6105 CANOE CREEK RD SAINT CLOUD, FL 34772				
Current Mailing Address:			New Mailing Address:	
6105 CANOE CREEK RD SAINT CLOUD, FL 34772				
FEI Number: 59-2502400 FEI Number Applied For ( ) FEI Num			nber Not Appli	icable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
SHUFFIELD, W. CHARLES ESQ 1000 LEGION PLACE SUITE 1700 ORLANDO, FL 32801 US				
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
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DVP ( ) E PARTIN JR., HEN 5355 CANOE CR ST. CLOUD, FL		Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition PARTIN JR., HENRY H., 5355 CANOE CREEK ROAD ST. CLOUD, FL 34772 US
Title: Name: Address:	VD () E PARTIN, W. DOU P OBOX 99	Delete IGLAS,	Title: Name: Address:	VD (X) Change ( ) Addition PARTIN, W. DOUGLAS, P OBOX 99
City-St-Zip:	KENASNSVILLE,	FL	City-St-Zip:	KENANSVILLE, FL 34739 US
Title: Name: Address: City-St-Zip:	ST () E PARTIN, BEVERI 5355 CANOE CR ST. CLOUD, FL		Title: Name: Address: City-St-Zip:	ST (X) Change ( ) Addition PARTIN, BEVERLY W., 5355 CANOE CREEK ROAD ST. CLOUD, FL 34772 US
Title: Name:	DP () E	Delete ED	Title: Name:	DP (X) Change ( ) Addition PARTIN, MILDRED M
Address: City-St-Zip:	6101 CANOE CR SAINT CLOUD, F		Address: City-St-Zip:	6101 CANOE CREEK ROAD SAINT CLOUD, FL 34772
Title: Name: Address: City-St-Zip:	D () E KEMPFER, BECH 8053 OCEAN PR MELBOURNE, FL	ARIE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () E BOOTH, MARTHA 6101 CANOE CR SAINT CLOUD, F	EEK RD.	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: HENRY H. PARTIN JR. DVP 07/16/2007