

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31492

FILED
Sep 03, 2009
Secretary of State

Entity Name: DOC PARTIN RANCH, INC.

Current Principal Place of Business:

6105 CANOE CREEK RD
SAINT CLOUD, FL 34772

New Principal Place of Business:

5355 CANOE CREEK RD
SAINT CLOUD, FL 34772

Current Mailing Address:

6105 CANOE CREEK RD
SAINT CLOUD, FL 34772

New Mailing Address:

5355 CANOE CREEK RD
SAINT CLOUD, FL 34772

FEI Number: 59-2502400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUFFIELD, W. CHARLES ESQ
1000 LEGION PLACE
SUITE 1700
ORLANDO, FL 32801 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

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:

Title: DVP () Delete
Name: PARTIN JR., HENRY H.
Address: 5355 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772 US

Title: VD () Delete
Name: PARTIN, W. DOUGLAS
Address: P OBOX 99
City-St-Zip: KENANSVILLE, FL 34739 US

Title: ST () Delete
Name: PARTIN, BEVERLY W.
Address: 5355 CANOE CREEK ROAD
City-St-Zip: ST. CLOUD, FL 34772 US

Title: DP () Delete
Name: PARTIN, MILDRED M
Address: 6101 CANOE CREEK ROAD
City-St-Zip: SAINT CLOUD, FL 34772

Title: D () Delete
Name: KEMPFER, BECKY P
Address: 8053 OCEAN PRARIE LANE
City-St-Zip: MELBOURNE, FL 32904

Title: D () Delete
Name: BOOTH, MARTHA P
Address: 6101 CANOE CREEK RD.
City-St-Zip: SAINT CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

09/03/2009

Electronic Signature of Signing Officer or Director

Date