

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31492

FILED
Apr 23, 2012
Secretary of State

Entity Name: DOC PARTIN RANCH, INC.

Current Principal Place of Business:

5355 CANOE CREEK RD
SAINT CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

5355 CANOE CREEK RD
SAINT CLOUD, FL 34772

New Mailing Address:

FEI Number: 59-2502400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEIER, GREGORY W 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

OFFICERS AND DIRECTORS:

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

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

Title: DV
Name: KEMPFER, REBECCA P
Address: 8053 OCEAN PRARIE LANE
City-St-Zip: MELBOURNE, FL 32904

Title: DV
Name: BOOTH, MARTHA P
Address: 6105 CANOE CREEK RD.
City-St-Zip: SAINT CLOUD, FL 34772

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: BEVERLY W. PARTIN

ST

04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date