

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H31492

**Entity Name:** DOC PARTIN RANCH, INC.

**Current Principal Place of Business:**

5355 CANOE CREEK RD  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

5355 CANOE CREEK RD  
SAINT CLOUD, FL 34772

**FEI Number:** 59-2502400

**Certificate of Status Desired:** No

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

MEIER, GREGORY W. 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:** GREGORY W. MEIER

03/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           PARTIN, HENRY H JR.  
Address        5355 CANOE CREEK ROAD  
City-State-Zip: ST. CLOUD FL 34772

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

Title           DIRECTOR, VP  
Name           KEMPFER, REBECCA P  
Address        8053 OCEAN PRARIE LANE  
City-State-Zip: MELBOURNE FL 32904

Title           DIRECTOR, VP  
Name           BOOTH, MARTHA P  
Address        6105 CANOE CREEK RD.  
City-State-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

SECRETARY

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date