2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31492

Entity Name: DOC PARTIN RANCH, INC.

Current Principal Place of Business:

5355 CANOE CREEK ROAD SAINT CLOUD. FL 34772

Current Mailing Address:

5355 CANOE CREEK ROAD SAINT CLOUD, FL 34772 US

FEI Number: 59-2502400 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEIER, GREGORY W. ESQ. SHUFFIELD, LOWMAN & WILSON, PA 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 04/12/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

PARTIN, JOHN H.

Name

Title DIRECTOR, PRESIDENT Title SECRETARY, TREASURER,

DIRECTOR

FILED Apr 12, 2021

Secretary of State

3538952269CC

Name BOOTH, RICHARD S. Address 5791 CANOE CREEK ROAD

Address 5791 CANOE CREEK ROAD

City-State-Zip: SAINT CLOUD FL 34772

Address 6001 CANOE CREEK ROAD

City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR, VP Title DIRECTOR, VP

Name SOILEAU, JULIA P. Name KEMPFER, HENRY H.

Address 6251 CANOE CREEK ROAD Address ONE BUMPY ROAD

City-State-Zip: SAINT CLOUD FL 34772 City-State-Zip: MELBOURNE FL 32904

Title DIRECTOR Title DIRECTOR

 Name
 FLUKE, ASHLEY BOOTH
 Name
 BOOTH, MARTHA PARTIN

 Address
 6101 CANOE CREEK ROAD
 Address
 6105 CANOE CREEK ROAD

 City-State-Zip:
 SAINT CLOUD FL 34772
 SAINT CLOUD FL 34772

ity-State-Zip: SAINT CLOUD FL 34772 City-State-Zip: SAINT CLOUD FL 34772

Title DIRECTOR Title DIRECTOR

Name BOOTH, RANDALL P. Name BOOTH, THOMAS W.

Address 6107 CANOE CREEK ROAD Address 6105 CANOE CREEK ROAD

City-State-Zip: SAINT CLOUD FL 34772 City-State-Zip: SAINT CLOUD FL 34772

Continues on page 2

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: JOHN H. PARTIN PRESIDENT 04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name PARTIN, AMY Name KEMPFER, GEORGE H.

Address 1907 A1A #105 Address 6499 SAPLING LANE

City-State-Zip: INDIAN HARBOR BEACH FL 32937 City-State-Zip: MELBOURNE FL 32904

Title DIRECTOR Title DIRECTOR

NameKEMPFER, W. MICHAELNameCAMPBELL, BLUEAddress8057 OCEAN PRAIRIE ROADAddress6224 KEMPFER ROADCity-State-Zip:MELBOURNE FL 32904City-State-Zip:SAINT CLOUD FL 34773

Title DIRECTOR Title DIRECTOR

NamePACE, DEBRA PARTINNameWHALEY, KATHERINE P.Address5365 CANOE CREEK ROADAddress5400 N. CANOE CREEK ROAD

City-State-Zip: SAINT CLOUD FL 34772 City-State-Zip: KENANSVILLE FL 34739