2022 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

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, ESQ.			04/20/2022			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title Name Address City-State-Zip: Title Name Address City-State-Zip:	DIRECTOR, PRESIDENT PARTIN, JOHN H. 5791 CANOE CREEK ROAD SAINT CLOUD FL 34772 DIRECTOR, VP SOILEAU, JULIA P. 6251 CANOE CREEK ROAD SAINT CLOUD FL 34772	Title Name Address City-State-Zip: Title Name Address	DIRECTOR, VP KEMPFER, HENRY H. ONE BUMPY ROAD				
Title Name Address City-State-Zip: Title Name Address City-State-Zip:	DIRECTOR FLUKE, ASHLEY BOOTH 6101 CANOE CREEK ROAD SAINT CLOUD FL 34772 DIRECTOR BOOTH, RANDALL P. 6107 CANOE CREEK ROAD SAINT CLOUD FL 34772	City-State-Zip: Title Name Address City-State-Zip: Title Name Address City-State-Zip:	DIRECTOR BOOTH, MARTHA PARTIN 6105 CANOE CREEK ROAD SAINT CLOUD FL 34772 DIRECTOR BOOTH, THOMAS W. 6105 CANOE CREEK ROAD				

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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

04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 20, 2022 Secretary of State 3221686903CC

Certificate of Status Desired: No

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
Name	KEMPFER, W. MICHAEL	Name	CAMPBELL, BLUE
Address	8057 OCEAN PRAIRIE ROAD	Address	6224 KEMPFER ROAD
City-State-Zip:	MELBOURNE FL 32904	City-State-Zip:	SAINT CLOUD FL 34773
Title	DIRECTOR	Title	DIRECTOR
Name	PACE, DEBRA PARTIN	Name	WHALEY, KATHERINE P.
Address	5365 CANOE CREEK ROAD	Address	5400 N. CANOE CREEK ROAD
City-State-Zip:	SAINT CLOUD FL 34772	City-State-Zip:	KENANSVILLE FL 34739