


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 489248**

1. Entity Name  
**PARTIN'S, INC.**



Principal Place of Business <b>313 CENTRE STREET          PO BOX 525          FERNANDINA BCH, FL 32034</b>	Mailing Address <b>313 CENTRE STREET          PO BOX 525          FERNANDINA BCH, FL 32034</b>
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**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1731580</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BLALCOK, ROBERT N  
 101 N 15TH ST  
 FERNANDINA BCH, FL 32034**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BLALOCK, ROBERT N 101 N 15TH ST FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BLALOCK, MARTHA P 101 N 15TH ST FERNANDINA BEACH, FL 32034</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PARTIN, FLORENCE R 1502 ATLANTIC AVE FERNANDINA BEACH, FL 32034</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *R.N. Blalock, Jr.* **R.N. BLALOCK, JR.** 04/28/05 904 261 4241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #