

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31492

FILED  
Feb 14, 2011  
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:**

SHUFFIELD, W. CHARLES ESQ  
1000 LEGION PLACE  
SUITE 1700  
ORLANDO, FL 32801 US

**Name and Address of New 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

02/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DV  
Name: PARTIN, W. DOUGLAS  
Address: P OBOX 99  
City-St-Zip: KENANSVILLE, FL 34739 US

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

Title: DV  
Name: KEMPFER, BECKY 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: HENRY H. PARTIN, JR.

DP

02/14/2011

Electronic Signature of Signing Officer or Director

Date