FILED
May 18, 2005 8:00 am
Secretary of State
04-20-2005 90305 034 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000122642

1. Entity Name
PARTIN ENTERPRISES, INC.

66017682

Principal Place of Business	Mailing Address
2110 10 TH AVENUE DELAND, FL 32724	2110 10 TH AVENUE DELAND, FL 32724

04072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4170 Airport RD.	P.O. BOX 2392
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLAND, FL	City & State: DeLAND FL
Zip: 32724 Country: US	Zip: 32721 Country: US

4. FEI Number: 20-1550085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name: JAMES E PARTIN
Street Address (P.O. Box Number is Not Acceptable): 4170 Airport RD
City: DeLand FL Zip Code: 32724

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: [signature] 4-18-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,S PARTIN, JAMES 2110 10 TH AVE DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARTIN, JAMES 4170 AIRPORT RD DeLAND, FL 32724	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PARTIN, JENNIFER 4170 AIRPORT RD DeLAND FL 32724	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Jennifer Partin 4/18/05 386 7421660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #