

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P99000045763

1. Entity Name

PARTIN & PARTIN HEART BAR RANCH, INC.



**FILED  
Mar 28, 2007 8:00 am  
Secretary of State**

03-28-2007 90016 008 \*\*\*158.75



1st MOORE CR2E034 (10/06)

Principal Place of Business 2730 NEPTUNE ROAD KISSIMMEE FL 34744	Mailing Address 2730 NEPTUNE ROAD KISSIMMEE FL 34744
2. Principal Place of Business - No P.O. Box # <b>3159 W. FM 837</b> Suite, Apt. #, etc.	3. Mailing Address <b>3159 W. FM 837</b> Suite, Apt. #, etc.
City & State <b>Montalba, TX</b> Zip <b>75853</b>	City & State <b>Montalba, TX</b> Zip <b>75853</b>
Country <b>USA</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  PARTIN, MICHAEL 2730 NEPTUNE ROAD KISSIMMEE FL 34744	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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, 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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, MICHAEL 2730 NEPTUNE ROAD KISSIMMEE FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3159 W. FM 837</b> <b>Montalba, TX 75853</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, JANET 2730 NEPTUNE ROAD KISSIMMEE FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3159 W. FM 837</b> <b>Montalba, TX 75853</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 another title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07 203-549-3000

Date

Daytime Phone #