

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453898

FILED  
Mar 11, 2005  
Secretary of State

**Entity Name:** RONALD E. ASKELAND, D.D.S.,P.A.

**Current Principal Place of Business:**

2000 S PATRICK DRIVE  
INDIAN HARBOUR BCH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

2000 S PATRICK DRIVE  
INDIAN HARBOUR BCH, FL 32937

**New Mailing Address:**

FEI Number: 59-1531723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASKELAND, RONALD E.  
2000 S PATRICK DRIVE  
INDIAN HARBOUR BCH, FL 32937 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: ASKELAND, D.D.S., RONALD E  
Address: 102 ISLAND VIEW DRIVE  
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

Title: VT ( ) Delete  
Name: ASKELAND, JOELLEN  
Address: 102 ISLAND VIEW DRIVE  
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VT (X) Change ( ) Addition  
Name: ASKELAND, JO ELLEN  
Address: 102 ISLAND VIEW DRIVE  
City-St-Zip: INDIAN HARBOUR BCH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RONALD E. ASKELAND, D.D.S.

PRES

03/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date