


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 644563**  
 1. Entity Name  
 JON S. WILKINS D.D.S., P.A.



Principal Place of Business      Mailing Address  
 731 WEST MORSE BOULEVARD      731 WEST MORSE BOULEVARD  
 WINTER PARK, FL 32789 US      WINTER PARK, FL 32789 US

**DO NOT WRITE IN THIS SPACE**



01032008    No Chg-P    CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-1945874                               | Applied For:<br>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

WILKINS, JON S.  
 731 WEST MORSE BOULEVARD  
 WINTER PARK, FL 32789

**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)

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | U00000902920<br>04/30/08-80025-010 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

|                |                              |
|----------------|------------------------------|
| TITLE          | PD                           |
| NAME           | WILKINS, JON S               |
| STREET ADDRESS | 731 WEST MORSE BOULEVARD     |
| CITY- ST- ZIP  | WINTER PARK, FL 00000, 32789 |
| TITLE          | VST                          |
| NAME           | WILKINS, JON S               |
| STREET ADDRESS | 731 WEST MORSE BOULEVARD     |
| CITY- ST- ZIP  | WINTER PARK, FL 00000, 32789 |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY- ST- ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY- ST- ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY- ST- ZIP  |                              |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE: Jon S. Wilkins      April 15, 2008      407-644-0177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #