2008 EOD DECET CODEODATION

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ANNUAL REPORT				Mar 26, 2008 08:0		
DOCUMENT # P03000070622 1. Entity Name DON J. ILKKA, D.D.S., P.A.					\$	Secretary of Sta
Principal Place of Business 8301 C.R. 44 LEG A LEESBURG, FL 34788		Mailing Address 8301 C.R. 44 LEG A LEESBURG, FL 34788		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 MAYER AND ABOUT AROUS	
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DO NOTWANTE IN THE SPACE			Q E	4. FEI Numb 57-117	er	Applied For Not Applicable \$8.75 Additional
	6. Name and Address of Current Reg					Fee Required
ILKKA, DON J D.D.S. 23217 E S.R. 44 EUSTIS, FL 32736			and displace "the side with the legal the and with the displace of any principal specific with the side was the life	DO N	NOT WI THIS SP	
B. 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				when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				00 May Be ed to Fees	U00000 04/09/08-)871022 -80108-023 150.00
10.	OFFICERS AND DIRE	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ILKKA, DON J D.D.S. 8301 C.R. 44 LEGA LEESBURG, FL 34788					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						ijanita, sakuskar berjak tabaj kerakla Bersia penara pik sijalikan penaral Bersia Bersia penaran pil sakusak
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	和 追
TITLE NAME STREET ADDRESS CITY-ST-ZIP					#188P	ACEMMAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP						ki, qati kisa tibu qaridi, kigi pata peri kin pelerika balga kir da rabi dali bali di kasa, ka saki, pal meki pera kiri kiri
TITLE NAME STREET ADDRESS CITY-ST-ZIP			No arrivaled		grand galay	

12. Thereby certify that the information supplied with this filling 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 attactment with an advices, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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