


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90027 012 \*\*\*150.00

**DOCUMENT # P07000097702**

1. Entity Name  
 TOTICS-1, INC.



Principal Place of Business      Mailing Address  
 229 STRADA DRIVE      229 STRADA DRIVE  
 DAVENPORT, FL 33897      DAVENPORT, FL 33897

**40053265**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02062008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 26-0816294      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

CASTELLANOS, DENISE P  
 229 STRADA DRIVE  
 DAVENPORT, FL 33897

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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, 2008 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      P       Delete  
 NAME      CASTELLANOS, DENISE P  
 STREET ADDRESS      229 STRADA DRIVE  
 CITY-ST-ZIP      DAVENPORT, FL 33897

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      VP       Delete  
 NAME      CASTELLANOS, LUIS R  
 STREET ADDRESS      229 STRADA DRIVE  
 CITY-ST-ZIP      DAVENPORT, FL 33897

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      SEC.       Delete  
 NAME      CASTELLANOS, YVONNE A  
 STREET ADDRESS      8709 ORANGE OAK CIRCLE  
 CITY-ST-ZIP      TAMPA, FL 33637

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      TREA       Delete  
 NAME      CASTELLANOS, LUIS R  
 STREET ADDRESS      229 STRADA DRIVE  
 CITY-ST-ZIP      DAVENPORT, FL 33897

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Denise Castellanos      Denise Castellanos      3/25/08 (813)857-6789  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #