# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 28, 2012**
**Secretary of State**

DOCUMENT# P11000076635

**Entity Name:** TO GO SERVICES AND ASSOCIATES, INC.

**Current Principal Place of Business:**

602 PLUM LANE
ALTAMONTE SPS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 PLUM LANE
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number: 27-3619861** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MENELAS, VALERY
602 PLUM LANE
ALTAMONTE SPS, FL 32701 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

**OFFICERS AND DIRECTORS:**

Title: PD
Name: MENELAS, VALERY
Address: 602 PLUM LANE
City-St-Zip: ALTAMONTE SPS, FL 32701 US

Title: STD
Name: WILLIAMS, ALTON
Address: 601 PLUM LANE
City-St-Zip: ALTAMONTE SPS, FL 32701 US

I hereby 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 all other like empowered.

SIGNATURE: ALTON WILLIAMS STD 02/28/2012

Electronic Signature of Signing Officer or Director Date