2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000017726

1. Entity Name
TOGA, INC. OF FLAGLER COUNTY

Principal Place of Business	Mailing Address
PO BOX 354708	POST OFFICE BOX 354708
PALM COAST, FL 32135 US	PALM COAST, FL 32135 US

DO NOT WRITE IN THIS SPACE

01302006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3364596	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOAN, TIMOTHY M
1 CORPORATE DRIVE
PALM COAST, FL 32137

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 _____
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	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000421652 02/16/06-80047-011 150.00
After May 1, 2006 Fee will be $550.00			

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DZIKOWSKI, SUSAN
STREET ADDRESS	POST OFFICE BOX 354708
CITY-ST-ZIP	PALM COAST, FL 32135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   2/1/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #