

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000017726

**FILED**  
**Feb 14, 2009**  
**Secretary of State**

**Entity Name:** TOGA, INC. OF FLAGLER COUNTY

**Current Principal Place of Business:**

PO BOX 354708  
PALM COAST, FL 32135 US

**New Principal Place of Business:**

61 BRUSHWOOD LANE  
PALM COAST, FL 32137 US

**Current Mailing Address:**

POST OFFICE BOX 354708  
PALM COAST, FL 32135 US

**New Mailing Address:**

**FEI Number:** 59-3364596      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DZIKOWSKI, SUSAN  
61 BRUSHWOOD LN  
PALM COAST, FL 32137 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DZIKOWSKI, SUSAN  
Address: POST OFFICE BOX 354708  
City-St-Zip: PALM COAST, FL 32135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN DZIKOWSKI

PRES

02/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date