

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009980

FILED
Apr 18, 2012
Secretary of State

Entity Name: CHASCO FIESTA, INC.

Current Principal Place of Business:

5443 MAIN ST.
NEW PORT RICHEY, FL 43652

New Principal Place of Business:

5443 MAIN ST.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5443 MAIN ST.
NEW PORT RICHEY, FL 43652

New Mailing Address:

5443 MAIN ST.
NEW PORT RICHEY, FL 34652

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPINE, JOE
5443 MAIN ST.
NEW PORT RICHEY, FL 43652 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: CD
Name: AUSTIN, CAMI
Address: 10820 STATE RD 54
City-St-Zip: TRINITY, FL 34655

Title: VD
Name: MCCART, CRAIG
Address: 4433 ROWAN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D
Name: COX, MICHAEL
Address: 10831 PANICUM CT.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD
Name: HACKMAN, KELLY
Address: 6120 MISSOURI AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D
Name: GREY, CHUCK
Address: 6328 U. S. HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD
Name: HUBER, KEN
Address: 13011 WESTERN CIRCLE
City-St-Zip: BAYONET POINT, FL 34667

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAMI AUSTIN

CD

04/18/2012

Electronic Signature of Signing Officer or Director

Date