
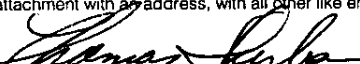


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90011 008 ****61.25

DOCUMENT # N99000006965					
1. Entity Name KREWE OF CHASCO, INC.					
Principal Place of Business 5443 MAIN ST NEW PORT RICHEY, FL 34652			Mailing Address 5443 MAIN ST NEW PORT RICHEY, FL 34652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3621084	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TORRENCE, ALFRED W JR 6445 RIDGE RD PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent 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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME MICHELS, ROGER	<input type="checkbox"/> Delete		TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5130 SR 54	NEW PORT RICHEY, FL 34652		STREET ADDRESS 5228 TROUBLE CREEK RD, NEW PORT RICHEY	FL 34652	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE D	NAME KINKEAD, LAURA A	<input type="checkbox"/> Delete		TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6232 MADISON ST	NEW PORT RICHEY, FL 34652		STREET ADDRESS 6145 GRAND BLVD NEW PORT RICHEY FL	34652	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE VD	NAME HOLLWEG, CHUCK	<input checked="" type="checkbox"/> Delete		TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6750 CORONET DR,	NEW PORT RICHEY, FL 34655		STREET ADDRESS 4901 GALLEON CT NEW PORT RICHEY FL	34652	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE D	NAME THOMAS, TED	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6035 GRAND BLVD	NEW PORT RICHEY, FL 34652		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE SD	NAME BRENNER, WENDY	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5443 MAIN ST	NEW PORT RICHEY, FL 34652		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE TD	NAME MCCART, ELIZABETH J	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14309 GUAVA SR.	HUDSON, FL 34667		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 			Tom Sherba		01/07/04 727-849-9456
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>