2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N99000006965

Entity Name: KREWE OF CHASCO, INC.

Current Principal Place of Business:

5443 MAIN ST
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5443 MAIN ST
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3621084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR
6445 RIDGE RD
PORT RICHEY, FL 34668 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 ( ) Delete
Name: MICHELS, ROGER
Address: 5228 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: KINKEAD, LAURA A
Address: 6145 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD ( ) Delete
Name: SHERBA, TOM
Address: 4901 GALLEON CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: THOMAS, TED
Address: 6035 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete
Name: BRENNER, WENDY
Address: 5443 MAIN ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD ( ) Delete
Name: FITZGERALD, MARDI
Address: 5442 FOLEY SQUARE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARILE, ALISE
Address: 5931 REDHAWK DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Change ( ) Addition
Name: DODD, JERRY
Address: 5552 WYOMING AV
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition
Name: RAYE, DONNA
Address: 11241 ROLLINGWOOD DRIVE
City-St-Zip: PORT RICHEY, FL 34668

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARDI FITZGERALD TD 04/19/2006
Electronic Signature of Signing Officer or Director — Date