2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
DOCUMENT # P01000121943					Secreta	ary of State
	CHEY CASINO, INC					
Principal Plac	e of Business M	ailing Address		1		
6520 RIDGE	ROAD 6	5520 RIDGE ROAD PORT RICHEY, FL 34668				
						HERE HEES HEES HERE HERH BREEN HAVEEN HE HEES
DO NOT WRITE IN THIS SPA				03132006	No Chg-P	CR2E034 (11/05)
			UE .	4. FEI Numb		Applied For Not Applicable
					of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regis	tered Agent				
SCHALLES, LARRY C 5320 MAIN STREET NEW PORT RICHEY, FL 34652					NOT WI	
NEW POR	1 RICHET, FL 34032			IN T	THIS SP	ACE
	named entity submits this statement for the plans of registered agent.	purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flori	ida. I am familiar with, and accept
SIGNATURE	Signature, typed or ported name of registered agent and trife	if applicable (NOTE, Registere	d Agent signature required	1 when remstaring)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5. Trust Fund Contribution. Add		.00 May Be led to Fees	U00000 03/31/06-	473361 80014-008 150.00
10.	OFFICERS AND DIRE	CTORS	<u> </u>	-	}	
TITLE NAME SIRELI ADDRESS	P KOLOKITHAS, BASILIUS 6520 RIDGE RD.					
City-SI-ZIP	PORT RICHEY, FL 34668	•				
TITCE						
NAME Street address						
CITY-ST-ZIP						
IIITE			:			
NAME STREET ADDRESS				200	NOT W	DITE
CHTY-ST-ZDP				DO	NOT W	KIIE
TITLE				IN:	THIS SP	ACE
NAME STREET ADDRESS						- - -
City-SI-ZIP					-	
TITLE						
NAME STREET ADDRESS						
CITY-SI-ZIP						
TITLE			1			

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 shell 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: CHOCK

NAME STREET ADDRESS CITY-ST-ZIP

RECTOR

3-14-06

Daytene Phone #