FILED AM

ANNUAL REPORT				May 03, 2004 08:00			
DOCU	MENT # P9600004740			Seci	retary of State		
1. Entity Name CASINO \	e VENTURES, INC.						
4738 OCEAN	ncipal Place of Business Mailing Address 38 OCEAN ST 4738 OCEAN ST YPORT, FL 32233 MAYPORT, FL 32233				<u> </u>	III (1881 1881 1881 1881 1881 1881 1881	
D	O NOT WRITE I	CE	04302004 No Chg-P CR2E034 (10/03) 4. FEI Number				
6. Name and Address of Current Registered Agent UTLEY, LEE 4619 ST JOHNS AVE JACKSONVILLE, FL 32210			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for thi ions of registered agent. Signature typed or printed name of registered agent and the		1 ed office or registe ad Agent signature require		in the State of Florida	a. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				i.00 May Be ded to Fees			
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD WILLIAMS, D 4738 OCEAN ST MAYPORT, FL 32233	RECTORS			guba in as a guba e d esig	. 15 (7) 19 (3-16) (5) (150) (46)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP	ME NEET ADDRESS Y-ST-ZIP LE ME NEET ADDRESS			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE			-				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 earli; 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _

OF MINING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF

Daytime Phone #