


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000059919 1. Entity Name CASINO GETAWAYS, INC.	
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Principal Place of Business 5686 YOUNGQUIST AVE 1-03 FT MYERS, FL 33912 US	Mailing Address 16520 S. TAMIAMI TRL 18-268 FORT MYERS, FL 33908 US
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07092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0676306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEIST, H A  
1661 ESTERO BLVD SUITE 20  
FT MYERS BEACH, FL 33932

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDAFFIO, CHRIS 16126 FOREST OAKS DR FT MYERS, FL 33908
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**DO NOT WRITE IN THIS SPACE**

10/11/01 166486  
 07/15/04-80010-016 150.00

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 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: *Chris Candaffio* 7/19/04 239-437-6550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #