2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000361

1. Entity Name
CHAKERES THEATRES, INC.

Principal Place of Business	Mailing Address
222 N. MURRAY ST. SPRINGFIELD, OH 45503	222 N. MURRAY ST. SPRINGFIELD, OH 45503

03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0237195
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEMOS, ANGELO P
1101 BRICKELL AVE STE. 1700
MIAMI, FL 33131

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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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CCOB
NAME	CHAKERES, PAULINE N
STREET ADDRESS	1575 N. FOUNTAIN AVE
CITY-ST-ZIP	SPRINGFIELD, OH 45504
TITLE	VCPC
NAME	CHAKERES, PHILIP H
STREET ADDRESS	340 S. BIRD ROAD
CITY-ST-ZIP	SPRINGFIELD, OH 45504
TITLE	DEVP
NAME	CHAKERES BAKER, VALERIE M
STREET ADDRESS	2303 YORKSHIRE ROAD
CITY-ST-ZIP	COLUMBUS, OH 43221
TITLE	DVP
NAME	CHAKERES, HARRY H
STREET ADDRESS	1575 N. FOUNTAIN AVE
CITY-ST-ZIP	SPRINGFIELD, OH 45504
TITLE	STD
NAME	PADEN, ELDEN L
STREET ADDRESS	3031 SPRINGFIELD-JAMESTOWN RD
CITY-ST-ZIP	SPRINGFIELD, OH 45502
TITLE	D
NAME	HICKS, WILLIAM C
STREET ADDRESS	124 S BROADMOOR BLVD
CITY-ST-ZIP	SPRINGFIELD, OH 45504

U00000342099
04/29/05-80043-013 158.75

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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: Elden L. Paden Sec'y-Treas. ELDEN L. PADEN 4/25/05 (937) 323-644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #