

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F05000000008
1. Entity Name
THEME STORES, INC.



Principal Place of Business
6215 S. INDUSTRIAL ROAD
LAS VEGAS, NV 89118

Mailing Address
99-081 KOAHA WAY
AIEA, HI 96701



05112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
88-0300758

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAS, MICHAEL R.
ONE INDEPENDENT DRIVE, SUITE 2600
JACKSONVILLE, FL 32202

**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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	PD
NAME	GEIGER, JAMES R
STREET ADDRESS	99-061 KOAHA WAY
CITY-ST-ZIP	AIEA, HI 96701
TITLE	VTD
NAME	COTTRAL, ALLEN R
STREET ADDRESS	99-061 KOAHA WAY
CITY-ST-ZIP	AIEA, HI 96701
TITLE	S
NAME	MEDEIROS, DEBRA A
STREET ADDRESS	99-061 KOAHA WAY
CITY-ST-ZIP	AIEA, HI 96701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/05-80003-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

ALLEN R. COTTRAL

5/2/05 (808) 483-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #