


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 721484</b> 1. Entity Name <b>PAN-ICARIAN BROTHERHOOD OF AMERICA HELIOS CHAPTER 19, INC.</b>	
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Principal Place of Business <b>1476 PINEHURST RD. DUNEDIN, FL 34698-3838</b>	Mailing Address <b>1476 PINEHURST RD. DUNEDIN, FL 34698-3838</b>
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04202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied <input type="checkbox"/> Not App
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

<b>ANDERSON, ANN 1476 PINEHURST RD. DUNEDIN, FL 34698</b>
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**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 understand, 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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROCKETT, CHARLOTTE 34 ACACIA STREET CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLAROS, ARGIE 5745 CHEYENE DR. HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRIPODIS, ANNA 3072 WOODSONG LN. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARDOS, STANLEY 2481 N.E. COACHMAN - SUITE #116 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, ANNA 2046 BRENOLA RD. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000549858  
05/13/06-80037-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, and that my name has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Ann Anderson* - ANN ANDERSON 4/26/06 727-443-2089