


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000000689 1. Entity Name ARGONAUTES HELLENIC ORGANIZATION OF GREEK ORTHODOX PLANNING, INC.	
---	---

Principal Place of Business 1601 S. KEENE ROAD CLEARWATER, FL 33756	Mailing Address 1601 S. KEENE ROAD CLEARWATER, FL 33756
---	---

**DO NOT WRITE IN THIS SPACE**



02102004 No Chg-NP CR2E037 (10/03)

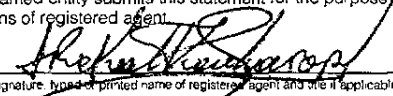
4. FEI Number 59-3622299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZACHAROPOULOS JR, SOTIRIOS  
 1601 S KEENE RD  
 CLEARWATER, FL 33756

**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:  2.29.04  
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, 2004**

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

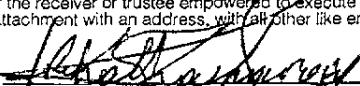
U00000076305  
 03/04/04-80023-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZACHAROPOULOS, KALLINIKOS S 1601 S. KEENE RD. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HALEAS, PETE 5610 W. KIMBALL AVE. CHICAGO, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZACHAROPOULOS, SOTIRIOS 1601 S. KEENE RD. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HARARIS, DIMITRI 13473 CROFT DR. LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  2.29.04 727-5388543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #