


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90448 025 ****61.25

DOCUMENT # N44321			
1. Entity Name ENGLEWOOD EXECUTIVE NETWORK, INC.			
Principal Place of Business STEFANO'S FAMILY RESTAURANT 401 S INDIANA AVE ENGLEWOOD FL 34223 US		Mailing Address 660 S BROADWAY ENGLEWOOD FL 34223 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10091 STONECROP AVE Suite, Apt. #, etc.	
City & State ENGLEWOOD FL		City & State ENGLEWOOD FL	
Zip 34224	Country USA	Zip 34224	Country USA
6. Name and Address of Current Registered Agent MILLER, NORMA 10091 STONECROP AVE ENGLEWOOD FL 34224		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Norma L. Miller</i> TREASURER <i>(Norma L. Miller)</i> 3-11-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, JOE 2828 S. MCCALL RD., STE. 32 ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARY STASKO 4212 N. ACCESS RD. STE F. ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STASKO, GARY 4212 N. ACCESS RD., STE. F ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWARD STEINFATH 4990 PLACIDA ROAD ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUNETTA, TOM 2237 STOUT ST ENGLEWOOD FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, NORMA 10091 STONECROP AVE ENGLEWOOD FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSEY, LISA 2439 CARTWRIGHT LANE NORTH PORT FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUM HARDT, KEN 1365 MANOR RD ENGLEWOOD FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Norma L. Miller* **(Norma L. Miller)** **3-11-04** **941-473-9811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #