

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

**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  
10091 STONECROP AVE  
ENGLEWOOD, FL 34224 US



01072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

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

STEPHENS, HERB  
10091 STONECROP AVE  
ENGLEWOOD, FL 34224

**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

**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 P  
NAME GRIMSHAW, MARGO  
STREET ADDRESS 46 ANNAPOLIS LANE  
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE VP  
NAME BROS, ROBIN  
STREET ADDRESS 129 WAYNE RD  
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE S  
NAME MILLER, NORMA  
STREET ADDRESS 10091 STONECROP AVE  
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE T  
NAME STEPHENS, HERB  
STREET ADDRESS 10091 STONECROP AVE  
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE D  
NAME PHELPS, MICHELLE  
STREET ADDRESS 7176 BROOKHAVEN TERR  
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE D  
NAME PARET, SUSAN  
STREET ADDRESS 809 DINAE CIR  
CITY-ST-ZIP ENGLEWOOD, FL 34223

1100000382509  
01/12/06-80013-018 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*H.D. Stephens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.D. STEPHENS

1/7/06  
Date

941 321 9105  
Daytime Phone #