


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000007793</b>	
1. Entity Name ROXANNE'S RABBIT RESCUE, INC.	

Principal Place of Business 4515 EMERALD RIDGE PLACE SARASOTA, FL 34233	Mailing Address 4515 EMERALD RIDGE PLACE SARASOTA, FL 34233
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01242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0643646	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  JONES, ROXANNE 4515 EMERALD RIDGE PLACE SARASOTA, FL 34233
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	PSD JONES, ROXANNE 4515 EMERALD RIDGE PLACE SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MITCHELL, DENISE 4024 CROCKERS LAKE BLVD. #623 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SILVER, VALERIE J 5021B BARRINGTON CIRCLE SARASOTA, FL 34234
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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02/06/06-80032-003 70.01

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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:**  **1/29/06** **941-922-0384**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #