

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007793

FILED  
May 02, 2007  
Secretary of State

Entity Name: ROXANNE'S RABBIT RESCUE, INC.

**Current Principal Place of Business:**

4515 EMERALD RIDGE PLACE  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4515 EMERALD RIDGE PLACE  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 02-0643646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JONES, ROXANNE  
4515 EMERALD RIDGE PLACE  
SARASOTA, FL 34233    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: JONES, ROXANNE  
Address: 4515 EMERALD RIDGE PLACE  
City-St-Zip: SARASOTA, FL 34233

Title: VD      ( ) Delete  
Name: MITCHELL, DENISE  
Address: 4024 CROCKERS LAKE BLVD. #623  
City-St-Zip: SARASOTA, FL 34238

Title: TD      ( ) Delete  
Name: SILVER, VALERIE J  
Address: 5021B BARRINGTON CIRCLE  
City-St-Zip: SARASOTA, FL 34234

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE MITCHELL

TD

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date