

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003079	
1. Entity Name ALL THE BUNNIES FOUNDATION, INC.	



Principal Place of Business 1800 2ND ST., SUITE 870 SARASOTA, FL 34236	Mailing Address 1800 2ND ST., SUITE 870 SARASOTA, FL 34236
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0678905	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 WIESNER, IRA S 1800 2ND ST., SUITE 870 SARASOTA, FL 34236	
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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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000179236 01/13/05-80010-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIESNER, IRA S 1800 2ND ST., SUITE 870 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIESNER, DONNA T 1800 2ND ST., SUITE 870 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTERHOUT, JULIANNA 3783 SEAGO LANE FT. MYERS, FL 33901
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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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: Ira S. Wiesner 1/10/05 941 365-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #