


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90045 023 \*\*\*\*61.25

<b>DOCUMENT # 704372</b> 1. Entity Name <b>PRIMROSE CENTER, INC.</b>																																																																																																																																									
Principal Place of Business <b>2733 S FERNCREEK AVE ORLANDO, FL 32806</b>			Mailing Address <b>2733 S FERNCREEK AVE ORLANDO, FL 32806</b>																																																																																																																																						
2. Principal Place of Business		3. Mailing Address																																																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
City & State		City & State																																																																																																																																							
Zip	Country	Zip	Country																																																																																																																																						
6. Name and Address of Current Registered Agent  <b>VAN BUREN, MARY M EXEC DIR 2733 S FERNCREEK AVENUE ORLANDO, FL 32806</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																					
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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.																																																																																																																																									
<b>SIGNATURE:</b> <i>Paul M. Dumm</i> <b>PAUL M. DUMM</b> <b>1/26/06</b> <b>(407) 581-3539</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									

# ATTACHMENT

60010735  
# 704372

**Primrose Center, Inc.**

**Attachments to 2006 Not-For-Profit Corporation Annual Report**

Box 11: Additions/Changes To Officers And Directors:

Additional Director:

Title: D

Name: J. Stephen Brooks

Street Address: 1843 Puritan Ave.

City, State, Zip: Winter Park, FL 32792

Additional Director:

Title: D

Name: Liliana Jaramillo

Street Address: 7913 Wellsmere Cr.

City, State, Zip: Orlando, FL 32835