

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L45536

FILED
Apr 23, 2009
Secretary of State

Entity Name: PRIMROSE SQUARE CORPORATION

Current Principal Place of Business:

6823 NW 52ND LANE
GAINESVILLE, FL 32653 US

New Principal Place of Business:

6392 MIRAMONTE DR. UNIT 104
ORLANDO, FL 32835 US

Current Mailing Address:

6823 NW 52ND LANE
GAINESVILLE, FL 32653 US

New Mailing Address:

2457 S. HIAWASSEE RD #310
ORLANDO, FL 32835 US

FEI Number: 59-2984027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHEM-RIVERS, GLORIA A
6823 NW 52ND LANE
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

MITCHEM-RIVERS, GLORIA A
6392 MIRAMONTE DR. UNIT 104
ORLANDO, FL 32835 US

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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: GLORIA A. MITCHEM-RIVERS
Address: 6823 NW 52ND LANE
City-St-Zip: GAINESVILLE, FL 32653 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GLORIA A. MITCHEM-RIVERS
Address: 6392 MIRAMONTE DR. UNIT 104
City-St-Zip: ORLANDO, FL 32835 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA MITCHEM RIVERS

DPT

04/23/2009

Electronic Signature of Signing Officer or Director

Date