

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L45536

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** PRIMROSE SQUARE CORPORATION

**Current Principal Place of Business:**

6392 MIRAMONTE DR. UNIT 104  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

6392 MIRAMONTE DR. UNIT 104  
104  
ORLANDO, FL 32835 US

**Current Mailing Address:**

6392 MIRAMONTE DR. UNIT 104  
ORLANDO, FL 32835 US

**New Mailing Address:**

6392 MIRAMONTE DR. UNIT 104  
UNIT 104  
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  
6392 MIRAMONTE DR. UNIT 104  
ORLANDO, FL 32835 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: DPT  
Name: MITCHEM-RIVERS, GLORIA A  
Address: 6392 MIRAMONTE DR. UNIT 104  
City-St-Zip: ORLANDO, FL 32835 US

I hereby 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 all other like empowered.

SIGNATURE: GLORIA MITCHEM-RIVERS

DVPS

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date