


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N03000002997 1. Entity Name PRIMROSE OFFICE COMPLEX OWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 3300 W VILA ROSA STREET TAMPA, FL 33611 | Mailing Address 3300 W VILA ROSA STREET TAMPA, FL 33611 |
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01172005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 20-0935713 | 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

DOBSON, PHILIP C
3300 W VILA ROSA STREET
TAMPA, FL 33611

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| 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 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DOBSON, PHILIP C 3300 W VILA ROSA STREET TAMPA, FL 33611 |
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03/18/05-80049-015 61.25

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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: Philip C Dobson 3/14/05 813 918 1449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #