

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90096 017 \*\*\*\*61.25

**DOCUMENT # N93000000820**

1. Entity Name  
**PRIMER, INC.**



Principal Place of Business  
**1022 MAIN STREET  
SUITE D  
DUNEDIN, FL 34698 US**

Mailing Address  
**PO BOX 6108  
PALM HARBOR, FL 34684-0708 US**

**50011434**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3182277**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANKEL, ROBERT L ESQ  
1022 MAIN STREET  
SUITE D  
DUNEDIN, FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME GROSS, NORMAN DR  
STREET ADDRESS 3538 OAK LAKE DRIVE  
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE ☐ Change ☒ Addition  
NAME **Dr. Francis Dukes**  
STREET ADDRESS **22076 Americas Blvd. Apt 518**  
CITY-ST-ZIP **Clearwater, FL 33763**

TITLE VD ☒ Delete  
NAME **ROTH, Jack**  
STREET ADDRESS **P.O BOX 845 N/A**  
CITY-ST-ZIP **SAN ANTONIO, FL**  
**Jack deceased**

TITLE ☐ Change ☒ Addition  
NAME **Martin Aftner**  
STREET ADDRESS **212 Waterview Ct.**  
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE D ☐ Delete  
NAME EISENSTADT, MIKE  
STREET ADDRESS 7005-TWELVE-OAKS-BLVD.  
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☒ Addition  
NAME **Rabbi Gary Klein**  
STREET ADDRESS **Temple Ahav Shalom**  
CITY-ST-ZIP **1575 Curlew Road**  
**Palm Harbor, FL 34684**

TITLE T ☐ Delete  
NAME KRAUS, RANDI E  
STREET ADDRESS 2436 GLENANN DRIVE  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Change ☒ Addition  
NAME **Rabbi Irwin Cutler**  
STREET ADDRESS **Beth Tefillah of W. Passaic**  
CITY-ST-ZIP **4841 Seaside Dr.**

TITLE S ☐ Delete  
NAME BOWMAN, SELMA  
STREET ADDRESS 2852 CHALMERS CT  
CITY-ST-ZIP PALM HARBOR, FL

TITLE ☒ Change ☐ Addition  
NAME **Port Rickey, FL**  
STREET ADDRESS **Carol Roth**  
CITY-ST-ZIP **P.O Box 845**  
**San Antonio, FL 33546**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

**Norman H. Gross**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/05**  
Date

**727-785-6358**  
Daytime Phone #