



**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90393 029 \*\*\*158.75

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P93000021326				40
1. Entity Name ZOOK MOORE AND ASSOCIATES, INC.				
Principal Place of Business 4431 EMBARCADERO DRIVE STE. 406 WEST PALM BEACH, FL 33407		Mailing Address P.O. BOX 33068 RALEIGH, NC 27636-3068		
2. Principal Place of Business - No P.O. Box # 4431 Embarcadero Drive		3. Mailing Address		
Suite, Apt., #, etc.		Suite, Apt., #, etc.		
City & State West Palm Beach, FL		City & State		04212008 Chg-P CR2E034 (12/05)
Zip 33407		Country Palm Beach		4. FEI Number 65-0456689
Country Palm Beach		Zip		Applied For <input type="checkbox"/> Not Applicable
Country Palm Beach		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ATZ, JOHN C 4431 EMBARCADERO DRIVE WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent		
		Name CT Corporation System		
		Street Address (P.O. Box Number is Not Acceptable)		
		1200 South Pine Island Road		
		City Plantation FL Zip Code 33324-4413		
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 <i>Dale W. Morris</i>		DALE W. MORRIS ASSISTANT VICE PRESIDENT		4-21-08
Signature, typed or printed name of registered agent and file if applicable.		(NOTE: Registered Agent signature required when reappointing)		DATE
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ELLIS, NICHOLAS L 3001 WESTON PARKWAY CARY, NC 27513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST COOK, RICHARD N 3001 WESTON PARKWAY CARY, NC 27513 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: <i>R. Cook</i>		Richard N. Cook		4-28-08 919-677-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone #