




# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90220 006 \*\*\*150.00

<b>DOCUMENT # F05000006832</b> 1. Entity Name <b>ZUBER FL ENTERPRISE, INC.</b>					
Principal Place of Business <b>2635 E. MILLBROOK ROAD RALEIGH, NC 27604</b>			Mailing Address <b>2635 E. MILLBROOK ROAD RALEIGH, NC 27604</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 26006</b> Suite, Apt. #, etc.			
City & State <b>Raleigh NC</b>		City & State <b>Raleigh NC</b>		4. FEI Number <b>20-3711826</b>	
Zip <b>27611</b>		Country <b>NC</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAVRACK, WAYNE D</b> <b>2635 MILLBROOK ROAD</b> <b>RALEIGH, NC 27604</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Riess, J. Michael</b> <b>2635 Millbrook Rd</b> <b>Raleigh NC 27604</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GARDNER, JOHN W</b> <b>2635 MILLBROOK ROAD</b> <b>RALEIGH, NC 27604</b>	<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	<b>STD</b> <b>GUURLINGER, RICHARD B</b> <b>2635 MILLBROOK ROAD</b> <b>RALEIGH, NC 27604</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Guirlinger, Richard B.</b> <b>Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>JOHNSON, J. HINES III</b> <b>2635 MILLBROOK ROAD</b> <b>RALEIGH, NC 27604</b>	<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	<b>AS</b> <b>FELMAN, JAMES S</b> <b>2635 MILLBROOK ROAD</b> <b>RALEIGH, NC 27604</b>	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Wicker, Robert</b> <b>2635 Millbrook Rd</b> <b>Raleigh NC 27604</b>	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b>  <b>James Felman</b> <b>4/10/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					