

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F97000005144**

1. Entity Name

**ZC STERLING INSURANCE AGENCY, INC.**



Principal Place of Business

**210 INTERSTATE NORTH PKWY  
SUITE 400  
ATLANTA, GA 30339 US**

Mailing Address

**210 INTERSTATE NORTH PKWY  
SUITE 400  
ATLANTA, GA 30339 US**



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**95-3953356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SEMINARIO, MICHAEL  
8655 BAYPINE ROAD, BLDG.6  
JACKSONVILLE, FL 32256**

**DO NOT WRITE  
IN THIS SPACE**

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 (if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KROCHALIS, WILLIAM
STREET ADDRESS	226 LINDSEY PL
CITY- ST- ZIP	MARIETTA, GA 30067
TITLE	VTS
NAME	NOVAK, JAMES P
STREET ADDRESS	210 INTERSTATE NORTH PKWY., STE. 400
CITY- ST- ZIP	ATLANTA, GA 30339
TITLE	D
NAME	MIZEL, ADAM
STREET ADDRESS	76 CROSBY STREET, 4TH FLOOR
CITY- ST- ZIP	NEW YORK, NY 10012
TITLE	V
NAME	CHAPMAN, RONALD MARK
STREET ADDRESS	210 INTERSTATE NORTH PKWY., STE 400
CITY- ST- ZIP	ATLANTA, GA 30339
TITLE	D
NAME	KLAASEN, JOEL
STREET ADDRESS	17 HIDDEN SPRING DRIVE
CITY- ST- ZIP	WESTON, CT 06883
TITLE	T
NAME	FRANKS, STEVE
STREET ADDRESS	210 INTERSTATE NORTH PKWY
CITY- ST- ZIP	ATLANTA, GA 30339

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02/14/05-80030-004 150.00

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-105

Date

Daytime Phone #