

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90111 001 \*\*\*150.00

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01112007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F97000005144</b> 1. Entity Name ZC STERLING INSURANCE AGENCY, INC.					
Principal Place of Business 9800 MUIRLANDSBLVD IRVINE, CA 92618 US			Mailing Address 210 INTERSTATE NORTH PKWY SUITE 400 ATLANTA, GA 30339 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-3953356	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEMINARIO, MICHAEL 8655 BAYPINE ROAD, BLDG.6 JACKSONVILLE, FL 32256				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		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	PD KROCHALIS, WILLIAM 226 LINDSEY PL MARIETTA, GA 30067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KROCHALIS, WILLIAM J. 210 INTERSTATE NORTH PKWY. STE. 400 ATLANTA GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS NOVAK, JAMES P 210 INTERSTATE NORTH PKWY., STE. 400 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS NOVAK, JAMES P. 210 INTERSTATE NORTH PKWY. STE. 400 ATLANTA GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SILER, TRACY E 28782 VISTASADDLEBACK TRABUCO CANYON, CA 92679	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT FRANKS, STEPHEN G. 210 INTERSTATE NORTH PKWY. STE. 400 ATLANTA GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS NOVAK, JAMES P 210 INTERSTATEN PKWY STE400 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT FRANKS, STEPHEN G 210 INTERSTATEN PKWY STE400 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRANKS, STEVE 210 INTERSTATE NORTH PKWY ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 the like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			JAMES P. NOVAK Date _____ Daytime Phone # 800962-9654		