


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000074314</b> 1. Entity Name ZP NO. 152 MEMBER, INC.	
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Principal Place of Business 111 PRINCESS ST WILMINGTON, NC 28401	Mailing Address P.O. BOX 2628 WILMINGTON, NC 28402
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0967049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324
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DO NOT WRITE  
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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 re-registering)	DATE _____
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<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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ZIMMER, JEFFREY L
STREET ADDRESS	P.O. BOX 2628
CITY-ST-ZIP	WILMINGTON, NC 28402
TITLE	VTD
NAME	ZIMMER, ALAN M
STREET ADDRESS	P.O. BOX 2628
CITY-ST-ZIP	WILMINGTON, NC 28402
TITLE	SD
NAME	ZIMMER, HERBERT J
STREET ADDRESS	P.O. BOX 2628
CITY-ST-ZIP	WILMINGTON, NC 28402
TITLE	D
NAME	MOSKOWITZ, CAROLYN F
STREET ADDRESS	2107 ASCOTT PL
CITY-ST-ZIP	WILMINGTON, NC 28403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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03/14/07-80060-020 150.00

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> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	03/02/2007 (910) 763-4669 Date Daytime Phone #
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By: Jeffrey L. Zimmer, President