2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000074330

1. Entity Name
ZP NO. 149 MEMBER, INC.

Principal Place of Business	Mailing Address
111 PRINCESS ST WILMINGTON, NC 38401	PO BOX 2628 WILMINGTON, NC 28402

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2051430
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	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	

110000494362
04/20/06-80042-006 150.00

DO NOT WRITE IN THIS SPACE

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: _____ 4/4/06 910/763-4669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

By: Jeffrey L. Zimmer, President