

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90070 017 \*\*\*150.00

**DOCUMENT # P04000086115**



1. Entity Name  
ZP NO. 155 MEMBER, INC.

Principal Place of Business  
111 PRINCESS STREET  
WILMINGTON, NC 28401

Mailing Address  
111 PRINCESS STREET  
WILMINGTON, NC 28401

**50014988**



2. Principal Place of Business

3. Mailing Address  
PO Box 2628

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-P

CR2E034 (10/03)

City & State

City & State  
Wilmington, NC

4. FEI Number

87-0728086

Applied For

Not Applicable

Zip

Country

Zip

28402

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title 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 ☐ Delete  
NAME ZIMMER, JEFFREY L  
STREET ADDRESS PO BOX 2628  
CITY-ST-ZIP WILMINGTON, NC 28402

TITLE VTD ☐ Delete  
NAME ZIMMER, ALAN M  
STREET ADDRESS PO BOX 2628  
CITY-ST-ZIP WILMINGTON, NC 28402

TITLE SD ☐ Delete  
NAME ZIMMER, HERBERT J  
STREET ADDRESS PO BOX 2628  
CITY-ST-ZIP WILMINGTON, NC 28402

TITLE D ☐ Delete  
NAME MOSKOWITZ, CAROLYN F  
STREET ADDRESS 2107 ASCOTT PLACE  
CITY-ST-ZIP WILMINGTON, NC 28403

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

JEFFREY L. ZIMMER, PRESIDENT

02/02/05

Date

910/763-4669

Daytime Phone #