


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000042525	
1. Entity Name ZP NO. 56 MEMBER, INC.	

Principal Place of Business 111 PRINCESS ST WILMINGTON, NC 28401	Mailing Address PO BOX 2628 WILMINGTON, NC 28402
--	--



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2086075	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____
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, 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 NAME STREET ADDRESS CITY - ST - ZIP	PD ZIMMER, JEFFREY L 111 PRINCESS ST. WILMINGTON, NC 28401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD ZIMMER, ALAN M 111 PRINCESS ST WILMINGTON, NC 28401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZIMMER, HERBERT J 111 PRINCESS STREET WILMINGTON, NC 28401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSKOWITZ, CAROLYN F 2107 ASCOTT PLACE WILMINGTON, NC 28403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000494353
04/20/06-80042-002 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
By: Jeffrey L. Zimmer, President

4/4/06

910/763-4669
Daytime Phone #