

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000094674

1. Entity Name
ZP NO. 105 MEMBER, INC.



Principal Place of Business
111 PRINCESS ST.
WILMINGTON, NC 28401

Mailing Address
PO BOX 2628
WILMINGTON, NC 28402

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2165132 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

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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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000036567
02/06/04-80064-003 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZIMMER, JEFFREY L
STREET ADDRESS 111 PRINCESS ST
CITY-ST-ZIP WILMINGTON, NC 28401

TITLE VTD
NAME ZIMMER, ALAN M
STREET ADDRESS 111 PRINCESS ST
CITY-ST-ZIP WILMINGTON, NC 28401

TITLE SD
NAME ZIMMER, HERBERT J
STREET ADDRESS 111 PRINCESS ST
CITY-ST-ZIP WILMINGTON, NC 28401

TITLE D
NAME MOSKOWITZ, CAROLYN F
STREET ADDRESS 2107 ASCOTT PLACE
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**

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

ZP NO. 105 MEMBER, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/2004

910/763-4669

Date

Daytime Phone #

BY: Jeffrey L. Zimmer, President