

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 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



01062005 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

**DO NOT WRITE IN THIS SPACE**

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

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  
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

**DO NOT WRITE  
IN THIS SPACE**

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04/20/05-80086-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY L. ZIMMER, PRESIDENT

4/18/05

Date

910/763-4669

Daytime Phone #