


**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  
 111 PRINCESS ST  
 WILMINGTON, NC 38401

Mailing Address  
 PO BOX 2628  
 WILMINGTON, NC 28402

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2051430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 P.O. BOX 2628 WILMINGTON, NC 28402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZIMMER, ALAN M P.O. BOX 2628 WILMINGTON, NC 28402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIMMER, HERBERT J P.O. BOX 2628 WILMINGTON, NC 28402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSKOWITZ, CAROLYN F 2107 ASCOTT PL WILMINGTON, NC 28403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100001494362  
 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  
 By: **Jeffrey L. Zimmer, President** Date Daytime Phone #