2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005
Secretary of State

DOCUMENT# P00000109635

Entity Name: E-Z LOAD GATE, INC.

Current Principal Place of Business:

590 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

590 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3681873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, FLOYD M
590 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JACOBS, FLOYD M
Address: 590 LAKE KATHRYN CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: EARLE, STEPHEN D
Address: 391 HIDDEN PINE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: ORTHMANN, BRADLEY E
Address: 559 NORTHPORT DRIVE
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD M JACOB S D 05/23/2005

Electronic Signature of Signing Officer or Director Date