

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000109635

Entity Name: E-Z LOAD GATE, INC.

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

183 W MAINE AVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

559 NORTHPORT DR  
LONGWOOD, FL 32750

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: EARLE, STEPHEN D  
Address: 608 W 20TH ST  
City-St-Zip: SANFORD, FL 32772

Title: D  
Name: ORTHMANN, BRADLEY E  
Address: 559 NORTHPORT DRIVE  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: BRADLEY E ORTHMANN

D

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date