


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90436 044 ***150.00

DOCUMENT # P03000116721 1. Entity Name E - Z LIFT SYSTEMS, INC.					
Principal Place of Business 5044 NW 47TH AVE COCONUT CREEK, FL 33073			Mailing Address 5044 NW 47TH AVE COCONUT CREEK, FL 33073		
2. Principal Place of Business 124 S. main st Suite, Apt. #, etc.		3. Mailing Address 91 Bochichi Dr Suite, Apt. #, etc.			
City & State La Crosse, VA Zip 23950		City & State Boydton, VA Zip 23917		4. FEI Number 56-2438722	
Country mecklenburg		Country mecklenburg		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, STEVE 5044 NW 47TH AVE COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent Name Stephen Kahane Street Address (P.O. Box Number is Not Acceptable) 7547 NW 79th Ave, Apt #315 City Tamara FL Zip Code 33321		
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: <u><i>Stephen Kahane</i></u> STEPHEN KAHANE 4/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, STEVE 5044 NW 47TH AVE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	91 Bochichi Drive Boydton, VA 23917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 lines empowered.					
SIGNATURE: <u><i>Steven Porter</i></u> Steven Porter			4/24/05 434-774-7724 <small>Date Daytime Phone #</small>		