


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90062 037 \*\*\*150.00

<b>DOCUMENT # P02000076414</b> 1. Entity Name <b>BIO-GEL LABS, INC.</b>					
Principal Place of Business <b>1601 W. HIGHLANDS BLVD. INVERNESS, FL 34452</b>			Mailing Address <b>P O BOX 700 INVERNESS, FL 34451</b>		
2. Principal Place of Business <b>110 W. HIGHLANDS BLVD.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>INVERNESS FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>05-0533809</b>	
Zip <b>34452</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, ERVIN E 1601 S RIDGEWOOD POINT INVERNESS, FL 34452</b>			7. Name and Address of New Registered Agent Name <b>DAVIS, ERVIN E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3500 E. OAK TRACE PATH</b> City <b>INVERNESS</b> <b>FL</b> Zip Code <b>34452</b>		
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>Ervin E. Davis</i></u> <b>ERVIN E. DAVIS</b> <u>1/5/05</u> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD DAVIS, ERVIN E 1601 S RIDGEWOOD PT. INVERNESS, FL 34452</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3500 E. OAK TRACE PATH INVERNESS, FL 34452</b> <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	
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 like empowered.					
SIGNATURE: <u><i>Ervin E. Davis</i></u> <b>ERVIN E. DAVIS</b>			<u>1/5/05</u> <b>352 634 4635</b> Date Daytime Phone #		