2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P98000061744

FILED Feb 09, 2006 08:00 AN Secretary of State

SPEÉD C	GEL, INC.					v				
	ce of Business NDS BOULEVARD FL 34452	Mailing Address P.O. BOX 700 INVERNESS, FL 34451	•	-	**	CT				
	· · · · · · · · · · · · · · · · · · ·	A CONTRACTOR OF THE CONTRACTOR	- Log							
-	A NOT WOITE	~ =	02082006	No Chg-P	CR2E034 (11/05)				
L	OO NOT WRITE	CE	4. FEI Numb 59-352			Applied For Not Applicable				
				5. Certificate	of Status Desired		75 Additional Required			
	6. Name and Address of Current f	Registered Agent								
	RVIN E T OAKTRACE PATH SS, FL 34452	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_	Signature, typed or printed name of registered agent a	Agent signature required when feinstating) DATE								
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	noing \$5	5.00 May Se ded to Fees		<u></u>					
10.	OFFICERS AND E	DIRECTORS				ē.± •.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STD DAVIS, ERVIN E 3500 EAST OAKTRACE PATH INVERNESS, FL 34452 P				U000004 02/20/06-8	26028 :0028-1120	ነፍበ ስስ			
NAME STREET ADDRESS CITY+ST-ZIP	SNYDER, WILLIAM S 102 E. HIGHLANDS BLVD. INVERNESS, FL 34452					0000	100400			
NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT W	RITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE						
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NAME STREET ADDRESS CITY-ST-ZIP	"			, <u></u>	,					

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12. I hereby certify that the information supplied with this filling 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.

SIC	M	ATI	IID	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352 634 4635

Dayrime Phone #