


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000061744**  
 1. Entity Name  
**SPEED GEL, INC.**



Principal Place of Business  
**110 HIGHLANDS BOULEVARD  
 INVERNESS, FL 34452**

Mailing Address  
**P.O. BOX 700  
 INVERNESS, FL 34451**



03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3524726** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DAVIS, ERVIN E  
 3500 EAST OAKTRACE PATH  
 INVERNESS, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

U00000888870  
 04/08/08-80020-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, ERVIN E 3500 EAST OAKTRACE PATH INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, WILLIAM S 102 E. HIGHLANDS BLVD. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: *Ervin E. Davis* **ERVIN E. DAVIS** 03/16/08 352 634 4635  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #