

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004157

Entity Name: NOVAPHOS INC.**Current Principal Place of Business:**3200 COUNTY ROAD 630 W
FORT MEADE, FL 33841**Current Mailing Address:**3200 COUNTY ROAD 630 W
FORT MEADE, FL 33841**FEI Number:** 27-3120694**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VIGNOVIC, MARK
3200 COUNTY ROAD 630 W
FORT MEADE, FL 33841 US*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:** MARK VIGNOVIC

02/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CHAOUNI, FAROUK
Address 3200 COUNTY ROAD 630 W
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name FOWLER, THEODORE P
Address 3200 COUNTY ROAD 630 W
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name COLE, SAMUEL
Address 3200 COUNTY ROAD 630 W
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name SANTOS, PEDRO RIBIERO
Address 3200 COUNTY ROAD 630 W
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name CAMBRE, RON
Address 3200 COUNTY ROAD 630 W
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name COTTON, TIMOTHY
Address 3200 COUNTY ROAD 630 W
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name LASKEY, MITCHEL
Address 3200 COUNTY ROAD 630 W
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR
Name KUNZWEILER, ROB
Address 3200 COUNTY ROAD 630 W
City-State-Zip: FORT MEADE FL 33841

Continues on page 2

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: TIMOTHY COTTON

CEO

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ZUCKER, SCOTT
Address	3200 COUNTY ROAD 630 W
City-State-Zip:	FORT MEADE FL 33841