


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000106458	
1. Entity Name TRI-PHASE, INC	

Principal Place of Business 528 EAST CHURCH AVE WEWAHITCHKA, FL 32465	Mailing Address 528 EAST CHURCH AVE WEWAHITCHKA, FL 32465
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0258323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITFIELD, MICHAEL W 528 EAST CHURCH AVE WEWAHITCHKA, FL 32465	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, ROBERT H 119 FOX AVE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITFIELD, MICHAEL W 528 EAST CHURCH AVE WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTTON, CRAIG E P.O. BOX 35551 PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/11/05-80021-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Michael W. Whitfield</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Sec/Treas</u>	<u>3/9/05</u> <small>Date</small>	<u>850/832-0442</u> <small>Daytime Phone #</small>
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