
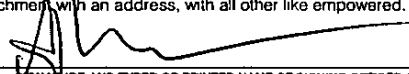


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90007 001 \*\*\*300.00

<b>DOCUMENT # S19214</b>					
1. Entity Name <b>TRANS-PHOS, INC.</b>					
Principal Place of Business <b>4001 NORALYN MINE RD. BARTOW, FL 33830 US</b>		Mailing Address <b>PO BOX 2098 BARTOW, FL 33831-2098 US</b>			
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 9004</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Bartow</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-3042773</b>	
<b>33831</b>		<b>33831</b>	<b>FL</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>WHITNEY, RICHARD, L NORALYN MINE RD &amp; S.R. #640 BARTOW, FL 33830</b>		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		<b>FL</b>		Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITNEY, RICHARD L.	NAME			
STREET ADDRESS	NORALYN MINE RD.	STREET ADDRESS			
CITY-ST-ZIP	BARTOW, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITNEY, WILLIAM A.	NAME			
STREET ADDRESS	NORALYN MINE RD.	STREET ADDRESS			
CITY-ST-ZIP	BARTOW, FL	CITY-ST-ZIP			
TITLE	VDST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITNEY, DAVID	NAME			
STREET ADDRESS	NORALYN MINE RD.	STREET ADDRESS			
CITY-ST-ZIP	BARTOW, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAT, MORAN	NAME			
STREET ADDRESS	15301 VIADE LAS OIAS	STREET ADDRESS			
CITY-ST-ZIP	PACIFIC PALISADES, CA 90272	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITNEY, ROBERT L.	NAME			
STREET ADDRESS	NORALYN MINE RD.	STREET ADDRESS			
CITY-ST-ZIP	BARTOW, FL	CITY-ST-ZIP			
TITLE	ATAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEDFORD, HARRY S III	NAME			
STREET ADDRESS	NORALYN NINE ROAD	STREET ADDRESS			
CITY-ST-ZIP	BARTOW, FL	CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b> 		1/4/2005	863-534-1575		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>HARRY S. BEDFORD, III</b>		Date	Daytime Phone #		

**66000008**



01032005 Chg-P CR2E034 (10/03)