


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S19214 1. Entity Name TRANS-PHOS, INC.					
Principal Place of Business 4001 NORALYN MINE RD. BARTOW FL 33830 US			Mailing Address PO BOX 9004 BARTOW FL 33831 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3042773 <input type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITNEY, RICHARD, L NORALYN MINE RD & S.R. #640 BARTOW FL 33830			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	U00000415196 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/11/06-80070-021 150.00		
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"/> Add	
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"/> Add	
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"/> Add	
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"/> Add	
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"/> Add	
NAME	BEDFORD, HARRY S III	NAME			
STREET ADDRESS	NORALYN NINE ROAD	STREET ADDRESS			
CITY-ST-ZIP	BARTOW FL	CITY-ST-ZIP			



1st MOORE CR2E034 (10/05)

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			City	FL	Zip Code

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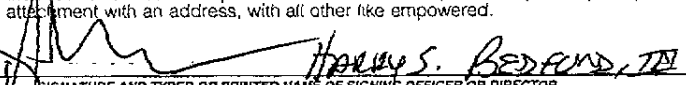
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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"/> Add
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"/> Add
NAME	PAT, MORAN	NAME	
STREET ADDRESS	15301 VIADE LAS OIAS	STREET ADDRESS	
CITY-ST-ZIP	PACIFIC PALISADES CA 90272	CITY-ST-ZIP	
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CITY-ST-ZIP	BARTOW FL	CITY-ST-ZIP	
TITLE	ATAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 exemptions contained in Section 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:  **HARRY S. BEDFORD, III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/24/2006** Daytime Phone #: **863-534-1575**