


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S19214</b> 1. Entity Name TRANS-PHOS, INC.	
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Principal Place of Business 4001 NORALYN MINE RD. BARTOW, FL 33830 US	Mailing Address PO BOX 9004 BARTOW, FL 33831 US
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**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3042773</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WHITNEY, RICHARD, L  
 NORALYN MINE RD & S.R. #640  
 BARTOW, FL 33830

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITNEY, RICHARD L. NORALYN MINE RD. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITNEY, WILLIAM A. NORALYN MINE RD. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST WHITNEY, DAVID NORALYN MINE RD. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAT. MORAN 15301 VIADE LAS OIAS PACIFIC PALISADES, CA 90272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITNEY, ROBERT L. NORALYN MINE RD. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS BEDFORD, HARRY S III NORALYN NINE ROAD BARTOW, FL

U00000670742  
 03/28/07-80002-004 150.00

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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: *Harry S. Bedford, III* 3/15/07 863-534-1575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Harry S. Bedford, III*