


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 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

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3042773 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITNEY, RICHARD L.
STREET ADDRESS	NORALYN MINE RD.
CITY-ST-ZIP	BARTOW, FL
TITLE	VD
NAME	WHITNEY, WILLIAM A.
STREET ADDRESS	NORALYN MINE RD.
CITY-ST-ZIP	BARTOW, FL
TITLE	VDST
NAME	WHITNEY, DAVID
STREET ADDRESS	NORALYN MINE RD.
CITY-ST-ZIP	BARTOW, FL
TITLE	D
NAME	PAT, MORAN
STREET ADDRESS	15301 VIADE LAS OIAS
CITY-ST-ZIP	PACIFIC PALISADES, CA 90272
TITLE	D
NAME	WHITNEY, ROBERT L.
STREET ADDRESS	NORALYN MINE RD.
CITY-ST-ZIP	BARTOW, FL
TITLE	ATAS
NAME	BEDFORD, HARRY S III
STREET ADDRESS	NORALYN NINE ROAD
CITY-ST-ZIP	BARTOW, FL

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 02/01/08-80051-004-150.00

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: ASST. TREASURER 1-22-2008 863-534-1575
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HARRY S. BEDFORD, III