

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19214

FILED  
Feb 23, 2011  
Secretary of State

Entity Name: TRANS-PHOS, INC.

**Current Principal Place of Business:**

4001 NORALYN MINE RD.  
BARTOW, FL 33830 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9004  
BARTOW, FL 33831 US

**New Mailing Address:**

FEI Number: 59-3042773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WHITNEY, RICHARD L.  
Address: 4001 NORALYN MINE RD.  
City-St-Zip: BARTOW, FL 33830

Title: VD  
Name: WHITNEY, WILLIAM A.  
Address: 4001 NORALYN MINE RD.  
City-St-Zip: BARTOW, FL 33830

Title: VDST  
Name: WHITNEY, DAVID  
Address: 4001 NORALYN MINE RD.  
City-St-Zip: BARTOW, FL 33830

Title: D  
Name: PAT, MORAN  
Address: 15301 VIADE LAS OIAS  
City-St-Zip: PACIFIC PALISADES, CA 90272

Title: D  
Name: WHITNEY, ROBERT L.  
Address: 4001 NORALYN MINE RD.  
City-St-Zip: BARTOW, FL 33830

Title: ATAS  
Name: BEDFORD, HARRY S III  
Address: 4001 NORALYN NINE ROAD  
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARRY S BEDFORD III

ATAS

02/23/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date