

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000008222

**Entity Name:** DR. PHOSPHATE, INC.

**Current Principal Place of Business:**

2120 CLUBHOUSE ROAD  
LAKELAND, FL 33813

**Current Mailing Address:**

P.O. BOX 1765  
HIGHLAND CITY, FL 33846 US

**FEI Number:** 86-1128212

**Certificate of Status Desired:** No

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

ASTLEY, DR. VAUGHN V  
2120 CLUBHOUSE ROAD  
LAKELAND, FL 33813 US

*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

**Officer/Director Detail :**

Title	P	Title	V
Name	ASTLEY, DR. VAUGHN V	Name	ASTLEY, GWEN ASTLEY
Address	2120 CLUBHOUSE ROAD	Address	2120 CLUBHOUSE RD
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813

*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:** ASTLEY , DR. VAUGHN V

**PRESIDENT**

**01/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date