

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90336 009 ***150.00

DOCUMENT # P02000057496

1. Entity Name
 SOUTHPAW CONSTRUCTION ,INC.



Principal Place of Business
 P.O. BOX 3061
 SPRINGHILL, FL 34611

Mailing Address
 P.O. BOX 3061
 SPRINGHILL, FL 34611

DO NOT WRITE IN THIS SPACE



04092006 No Chg-P CR2E034 (11/05)

4. FEI Number
 04-3669893

Applied For
 Not Applicable

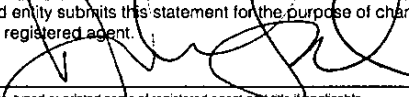
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SOUTH, JOHNNIE P
 12128 HARRIS HAWK RD.
 BROOKSVILLE, FL 34614

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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 where applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUTH, JOHNNIE P 1109 LODGE CIRCLE SPRINGHILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOUTH, LESLIE 1109 LODGE CIRCLE SPRING HILL, FL 34606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 4-26-06 DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-596-7039