

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149503

FILED
Apr 30, 2009
Secretary of State

Entity Name: SOUTHPAW MOBILE GROOMING, INC.

Current Principal Place of Business:

5315 CR 352
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

5315 CR 352
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 20-0576991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

JAROSZ, ROSIE
7378 SE SUNRISE BLVD
KEYSTONE HEIGHTS, FL 32656 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: ROSIE JAROSZ

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEMKIN, KAROLYN
Address: 5315 CR 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: D () Delete
Name: STIPP, KARENA
Address: 5315 CR 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAROLYN SEMKIN

OFFI

04/30/2009

Electronic Signature of Signing Officer or Director

Date