

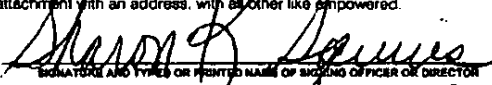
2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2007-90005-022-\$550.00-\$550.00

FILED

07 SEP 26 PM 4:40

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000079225			
1. Entity Name SOUTHPAW & FAMILY INC.			
Principal Place of Business 1753 N LAGUNA OAKS DRIVE GREEN VALLEY, AZ 85614		Mailing Address 1753 N LAGUNA OAKS DRIVE GREEN VALLEY, AZ 85614	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 16-1763712		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REPINSKI, R. SCOTT CPA 10201 N.W. 33RD STREET SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SQUIRES, SHARON K 1753 N LAGUNA OAKS DRIVE GREEN VALLEY, AZ 85614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SQUIRES, LARRY E 1753 N LAGUNA OAKS DRIVE GREEN VALLEY, AZ 85614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		8-30-07 520-207-1939	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	