

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
**SOUTHPAW ENTERPRISES, INCORPORATED**



3212 S.E. FAIRWAY W.  
STUART, FL 34997 US

P.O. BOX 1130  
PORT SALERNO, FL 34992 US

**DO NOT WRITE IN THIS SPACE**



4. FEI Number  
65-0726468

Applied For
Not Applicable

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

KAAT, MARY A  
3212 S.E. FAIRWAY WEST  
STUART, FL 34997

**DO NOT WRITE  
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

04/21/00 00002-005 150.00

TITLE	VSTD
NAME	KAAT, MARY ANN
STREET ADDRESS	3212 S.E. FAIRWAY W.
CITY-ST-ZIP	STUART, FL 34997
TITLE	PD
NAME	KAAT, JAMES L
STREET ADDRESS	3212 S.E. FAIRWAY W.
CITY-ST-ZIP	STUART, FL 34997
TITLE	AT
NAME	HALVERSON, ROGER W
STREET ADDRESS	900 S.E. OCEAN BLVD.
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Dealing with the