

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90024 033 ****61.25

DOCUMENT # 717840

1. Entity Name

ARGYLE WATER SYSTEM, INC.



Principal Place of Business

**RT 1 BOX N 528C
DEFUNIAK SPRINGS FL 32433**

Mailing Address

**129 SHELTER ROAD
DEFUNIAK SPRINGS FL 32433
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1352046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCFARLAND, LORRAINE S
135 MCFARLAND ROAD
DEFUNIAK SPRINGS FL 32433**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CAMPBELL, ELINOR M**
STREET ADDRESS **129 SHELTER RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **D** ☐ Delete
NAME **CAMBELL, MACE**
STREET ADDRESS **129 SHELTER RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **D** ☐ Delete
NAME **MEHLHORN, FREDDIE**
STREET ADDRESS **129 SHELTER RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **P** ☐ Delete
NAME **CAMPBELL, CLARENCE**
STREET ADDRESS **129 SHELTER RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **V** ☐ Delete
NAME **MCFARLAND, LORRAINE**
STREET ADDRESS **129 SHELTER RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **ST** ☐ Delete
NAME **MCFARLAND, PEGGY**
STREET ADDRESS **129 SHELTER RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DANNY INFINGER**
STREET ADDRESS **226 ARGYLE CH RD**
CITY-ST-ZIP **DEFUNIAK SPGS FL 32433**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

Clarence Campbell

Clarence CAMPBELL

1/30/06