

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # 717840 1. Entity Name ARGYLE WATER SYSTEM, INC.	
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Principal Place of Business RT 1 BOX N 528C DEFUNIAK SPRINGS FL 32433	Mailing Address 129 SHELTER ROAD DEFUNIAK SPRINGS FL 32433 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 59-1352046	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent McFARLAND, LORRAINE S 135 MCFARLAND ROAD DEFUNIAK SPRINGS FL 32433
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is not used when reappointing) DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D CAMPBELL, ELINOR M 129 SHELTER RD DEFUNIAK SPRINGS FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D CAMPBELL, MACE 129 SHELTER RD DEFUNIAK SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D MEHLHORN, FREDDIE 129 SHELTER RD DEFUNIAK SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P CAMPBELL, CLARENCE 129 SHELTER RD DEFUNIAK SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete V McFARLAND, LORRAINE 129 SHELTER RD DEFUNIAK SPRINGS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ST McFARLAND, PEGGY 129 SHELTER RD DEFUNIAK SPRINGS FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000862983 04/03/08-80072-021-61-25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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.
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SIGNATURE *Loraine S. McFarland* 3/17/08 892-4566