2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2009
Secretary of State

DOCUMENT# 717840

Entity Name: ARGYLE WATER SYSTEM, INC.

Current Principal Place of Business:

RT 1 BOX N 528C
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

129 SHELTER ROAD
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

129 SHELTER ROAD
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

129 SHELTER ROAD
DEFUNIAK SPRINGS, FL 32433

FEI Number: 59-1352046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CAMPBELL, ELINOR M
Address: 129 SHELTER RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete
Name: CAMBELL, MACE
Address: 129 SHELTER RD
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: D ( ) Delete
Name: MEHLHORN, FREDDIE
Address: 129 SHELTER RD
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: P ( ) Delete
Name: CAMPBELL, CLARENCE
Address: 129 SHELTER RD
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: V ( ) Delete
Name: MCFARLAND, LORRAINE
Address: 129 SHELTER RD
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: ST ( ) Delete
Name: MCFARLAND, PEGGY
Address: 129 SHELTER RD
City-St-Zip: DEFUNIAK SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY MCFARLAND ST 07/27/2009
Electronic Signature of Signing Officer or Director — Date