

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717840

FILED
Apr 27, 2010
Secretary of State

Entity Name: ARGYLE WATER SYSTEM, INC.

Current Principal Place of Business:

129 SHELTER ROAD
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

129 SHELTER ROAD
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: 59-1352046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: CAMPBELL, ELINOR M
Address: 129 SHELTER RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LORRAINE MCFARLAND

V

04/27/2010

Electronic Signature of Signing Officer or Director

Date