

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000011992

FILED
Apr 25, 2005
Secretary of State

Entity Name: WEST CENTRAL WATER SYSTEMS, INC.

Current Principal Place of Business:

11990 SOUTH WILLIAMS STREET
SUITE 6
DUNNELLON, FL 344328306

New Principal Place of Business:

8581 SW 203RD CT. RD.
DUNNELLON, FL 34431 US

Current Mailing Address:

8581 SW 203RD CT. RD.
DUNNELLON, FL 34431 US

New Mailing Address:

FEI Number: 59-3155445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAFFEY, DONALD J
8581 SW 203RD CT. RD.
DUNNELLON, FL 34431 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CLAFFEY, DONALD J
Address: 8581 S.W. 203RD COURT
City-St-Zip: DUNNELLON, FL 34431

Title: P () Delete
Name: CLAFFEY, KATHERINE J
Address: 8581 S.W. 203RD COURT
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE J CLAFFEY

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date