


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000011992**  
1. Entity Name  
**WEST CENTRAL WATER SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
8581 SW 203RD CT. RD.      8581 SW 203RD CT. RD.  
DUNNELLO, FL 34431    US      DUNNELLO, FL 34431    US



04182006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3155445**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                       |
|----------------|-----------------------|
| TITLE          | V                     |
| NAME           | CLAFFEY, DONALD J     |
| STREET ADDRESS | 8581 S.W. 203RD COURT |
| CITY-ST-ZIP    | DUNNELLO, FL 34431    |
| TITLE          | P                     |
| NAME           | CLAFFEY, KATHERINE J  |
| STREET ADDRESS | 8581 S.W. 203RD COURT |
| CITY-ST-ZIP    | DUNNELLO, FL 34431    |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

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05/03/06-80104-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine J Claffey*    04-18-06    352-489-1670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #