


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90004 007 \*\*\*150.00

**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.**  
**DUNNELLON, FL 34431 US**      **DUNNELLON, FL 34431 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



02172008      Chg-P      CR2E034 (12/06)

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      7. Name and Address of New Registered Agent

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

Name: **Nicholas D. CLAFFEY**  
 Street Address (P.O. Box Number is Not Acceptable): **8440 SW 202ND AVE**  
 City: **Dunnellon**      State: **FL**      Zip Code: **34431**

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: *Nicholas Claffey*      DATE: **2/17/08**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>CLAFFEY, DONALD J</b><br><b>8581 S.W. 203RD COURT</b><br><b>DUNNELLON, FL 34431</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>CLAFFEY, KATHERINE J</b><br><b>8581 S.W. 203RD COURT</b><br><b>DUNNELLON, FL 34431</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>Nicholas D. CLAFFEY</b><br><b>8440 SW 202ND AVE</b><br><b>DUNNELLON, FL 34431</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |

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*      DATE: **02-17-08**      DAYTIME PHONE #: **352-489-1670**