

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000084029

**Entity Name:** H2O EMERGENCY RESTORATION, INC.

**Current Principal Place of Business:**

10130 NORTHLAKE BOULEVARD  
214-293  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

10130 NORTHLAKE BOULEVARD  
214-293  
WEST PALM BEACH, FL 33412 US

**FEI Number:** 77-0694029

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAPLES, GERALD L  
10130 NORTHLAKE BLVD., #214-293  
WEST PALM BEACH, FL 33412 US

*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

**Officer/Director Detail :**

Title            VP  
Name            MAPLES, PAIGE  
Address        13661 50 PLACE NORTH  
City-State-Zip: WEST PALM BEACH FL 33411

Title            P  
Name            MAPLES, GERALD L  
Address        13661 50 PLACE NORTH  
City-State-Zip: WEST PALM BEACH FL 33411

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

**SIGNATURE:** PAIGE MAPLES

VP

04/04/2014

Electronic Signature of Signing Officer/Director Detail

Date