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 A MAPLES

Electronic Signature of Signing Officer/Director Detail

DT

# **Officer/Director Detail :**

Sincer/Director Detail.			
Title	DT	Title	Р
Name	MAPLES, PAIGE	Name	MAPLES, GERALD L
Address	13661 50 PLACE NORTH	Address	13661 50 PLACE NORTH
City-State-Zip:	WEST PALM BEACH FL 33411	City-State-Zip:	WEST PALM BEACH FL 33411

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.

MAPLES, GERALD L

2013 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

SIGNATURE:

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

FILED Feb 06, 2013 Secretary of State CC5932158820

Certificate of Status Desired: No

Date

02/06/2013 Date