

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000043787

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC9879659627**

**Entity Name:** 1 STOP WATER RESTORATION & LEAK DETECTION SERVICES, INC.

**Current Principal Place of Business:**

6682 HOFFNER AVE  
ORLANDO, FL 32822

**Current Mailing Address:**

6682 HOFFNER AVE  
ORLANDO, FL 32822 US

**FEI Number:** 82-1580739

**Certificate of Status Desired:** No

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

NEILSON, CHRISTINA  
6682 HOFFNER AVE  
ORLANDO, FL 32822 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 P  
Name NEILSON, NICOLE  
Address 6682 HOFFNER AVE  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name NEILSON, CAMERON  
Address 6682 HOFFNER AVE  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name NEILSON, ALEXANDER  
Address 6682 HOFFNER AVE  
City-State-Zip: ORLANDO FL 32822

Title T  
Name NEILSON, CHRISTINA  
Address 6682 HOFFNER AVE  
City-State-Zip: ORLANDO FL 32822

*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: CHRISTINA NEILSON

RA

04/05/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date