

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043217

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: THE CURE WATER DAMAGE INC.

## Current Principal Place of Business:

22095 U.S. 19 NORTH  
CLEARWATER, FL 33765

## New Principal Place of Business:

## Current Mailing Address:

22095 U.S. 19 NORTH  
CLEARWATER, FL 33765

## New Mailing Address:

FEI Number: 41-2037971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AREND, TONY  
22095 U.S. 19 NORTH  
CLEARWATER, FL 33765 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: NEUMANN, KATHY  
Address: 1613 SOUTH LADY MARY DRIVE  
City-St-Zip: CLEARWATER, FL 33756

Title: P ( ) Delete  
Name: AREND, TONY  
Address: 22095 U.S. 19 N  
City-St-Zip: CLEARWATER, FL 33765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TONY AREND

PRES

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date