

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000084029

Entity Name: H20 EMERGENCY RESTORATION, INC.

**FILED**  
**Dec 08, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

220 SUNRISE AVENUE  
#209  
PALM BEACH, FL 33480 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

220 SUNRISE AVENUE  
#209  
PALM BEACH, FL 33480 US

## **New Mailing Address:**

FEI Number: 77-0694029      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHATZ, RANDEE S  
220 SUNRISE AVENUE  
#209  
PALM BEACH, FL 33480 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

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RAMOS, CAROL  
Address: 200 DIPLOMAT PKWY. #232  
City-St-Zip: HALLANDALE, FL 33009 US

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Change (X) Addition  
Name: MAPLES, PAIGE A  
Address: 13661 50 PLACE NORTH  
City-St-Zip: WEST PALM BEACH, FL 33411

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: GERALD MAPLES

P

12/08/2009

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

\_\_\_\_\_  
Date