

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102930

Entity Name: HEALTH AND HYGIENE, INC.

FILED  
Apr 10, 2011  
Secretary of State

**Current Principal Place of Business:**

4406 EXCHANGE AVE., #119  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

4406 EXCHANGE AVE., #119  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 20-3194839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAW, BONNIE  
4406 EXCHANGE AV  
SUITE 119  
NAPLES, FL 34104 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: CO  
Name: FOWLER WHITE BOGGS BANKER P.A.  
Address: 5811 PELICAN BAY BLVD., SUITE 600  
City-St-Zip: NAPLES, FL 34108 US

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: FOWLER WHITE BOGGS BANKER P.A.

CO

04/10/2011

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

\_\_\_\_\_ Date