

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102930

Entity Name: HEALTH AND HYGIENE, INC.

Current Principal Place of Business:

4406 EXCHANGE AVE UNIT 119
NAPLES, FL 34109

Current Mailing Address:

4406 EXCHANGE AVE UNIT 119
NAPLES, FL 34109 US

FEI Number: 20-3194839

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAW, BONNIE
4406 EXCHANGE AVE UNIT 119
NAPLES, FL 34109 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 OFFICER
Name SHAW, RALPH
Address 4406 EXCHANGE AVE., #119
City-State-Zip: NAPLES FL 34104

Title OFFICER
Name SHAW, BONNIE
Address 4406 EXCHANGE AVE UNIT 119
City-State-Zip: NAPLES FL 34109

Title OFFICER
Name SHAW, DANIEL
Address 4406 EXCHANGE AVE., #119
City-State-Zip: NAPLES FL 34104

Title OFFICER
Name ANTUNES, KELLY
Address 4406 EXCHANGE AVE., #119
City-State-Zip: NAPLES FL 34104

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: BONNIE SHAW

OFFICER

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date