## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102930

Entity Name: HEALTH AND HYGIENE, INC.

**Current Principal Place of Business:** 

144 LA PENINSULA BLVD NAPLES, FL 34113

**Current Mailing Address:** 

144 LA PENINSULA BLVD NAPLES, FL 34113 US

FEI Number: 20-3194839 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAW, BONNIE 144 LA PENINSULA BLVD NAPLES, FL 34113 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

FILED Apr 06, 2015

**Secretary of State** 

CC0744585102

Officer/Director Detail:

Title OFFICER Title OFFICER

Name SHAW, RALPH Name SHAW, BONNIE

Address 4406 EXCHANGE AVE., #119 Address 144 LA PENINSULA BLVD

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34113

Title OFFICER Title OFFICER

Name SHAW, DANIEL Name ANTUNES, KELLY

Address 4406 EXCHANGE AVE., #119 Address 4406 EXCHANGE AVE., #119

City-State-Zip: NAPLES FL 34104 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 04/06/2015