

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000102930

**Entity Name:** HEALTH AND HYGIENE, INC.

**Current Principal Place of Business:**

4406 EXCHANGE AVE., #119  
NAPLES, FL 34104

**Current Mailing Address:**

4406 EXCHANGE AVE., #119  
NAPLES, FL 34104

**FEI Number:** 20-3194839

**Certificate of Status Desired:** No

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

SHAW, BONNIE  
4406 EXCHANGE AV  
SUITE 119  
NAPLES, FL 34104 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., #119  
City-State-Zip: NAPLES FL 34104

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**

**04/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date