## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000041563

1. Entity Name

HYGÉIA HEALTH AND SAFETY SERVICES, INC.



Jul 12, 2007 8:00 am Secretary of State 07-12-2007 90057 019 \*\*\*150.00

**FILED** 

Principal Place of Business

Mailing Address

7002 WILLOW RUN LOOP LAKELAND, FL 33813 P.O. BOX 6732

LAKELAND, FL 33807-6732



07062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3715357 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SCHREIBER, ALLAN E 7002 WILLOW RUN LOOP LAKELAND, FL. 33813

## DO NOT WRITE IN THIS SPACE

				IN THIS OFFICE		
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered off	Ce or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	_
SIGNATURE_						
	Signature, typed or printed name of registered agent and tit	te if epplicable. (NOTE: Registered Agent	e de la company	required when reinstating)	CATE	_
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DIR	ECTORS				_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCHREIBER, ALLAN E 7002 WILLOW RUN LOOP LAKELAND, FL 33813					
TITLE MAME STREET ADDRESS CITY-ST-ZIP						
HITLE HAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. 1 hereby	certify that the information supplied with this	filing does not qualify for the exempti-	ons co	ntained in Chapter 11:	9, Florida Statutes. I further certify that the information	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

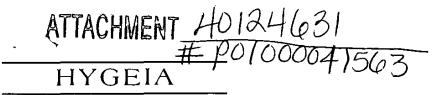
SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLAN E. SCHREIBER

7/5/07

<del>-----</del>



Health and Safety Services, Inc.

July 5, 2007

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

Re:

2007 For Profit Corporation Annual Report

Dear Sir/Madam:

Attached is the 2007 For Profit Corporation Annual Report. The notice of intent to dissolve is the first notice received. Enclosed is \$150 for renewal. We request abatement of the late penalty because of some error in receipt of the original notification. Please contact me at your convenience if you require additional information. Thank you for your attention to this matter.

Sincerely,

Hygeia Health & Safety Services, Inc.

Allan E. Schreiber, CIH

President