

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000005111

1. Entity Name  
HINDU OF PROVINCETOWN INC.



Principal Place of Business  
180 MAR LEN DRIVE  
MELBOURNE BEACH, FL 32951

Mailing Address  
180 MAR LEN DRIVE  
MELBOURNE BEACH, FL 32951

FILED  
08 MAR 31 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012008

Chg-P

CR2E034 (12/06)

4. FEI Number

30-6072871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~202 R WILLIAM ST~~ 180 MAR LEN DR.  
KEY WEST, FL 33040 Melbourne Bch, FL.  
SIME DIJAN. 32951

Name

SIME DIJAN

Street Address (P.O. Box Number is Not Acceptable)

180 Mar Len Dr

City

Melbourne Bch

FL

Zip Code

32951

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME DIJAN, SIME  
STREET ADDRESS 180 MAR LEN DRIVE  
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE ☐ Change ☐ Addition  
NAME 700120502447  
STREET ADDRESS 03/17/08--01008--024 \*\*288.75  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/08 321 246-1317  
Date Daytime Phone #