2004 FOR PROFIT CORPORATION ANNUAL REPORT
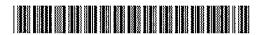
DOCUMENT # V39194

1. Entity Name
HUMAYUN-THAKUR, INC.

Principal Place of Business	Mailing Address
115 W BROAD ST. GROVELAND, FL 34736	115 W BROAD ST. GROVELAND, FL 34736

DO NOT WRITE IN THIS SPACE

01222004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3125542	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUMAYUN, MOHAMMED
115 W BROAD ST
GROVELAND, FL 34736

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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, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	0000000023475 02/02/04-80026-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HUMAYUN, MOHAMMED
STREET ADDRESS	115 W BROAD ST
CITY-ST-ZIP	GROVELAND, FL

TITLE	DVPS
NAME	HUMAYUN, SHAHINOOR
STREET ADDRESS	13143 SUMMER LK WAY
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Shahinoor Humoy_   1-27-04   407-654-1941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #