

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V39194**

1. Entity Name  
**HUMAYUN-THAKUR, INC.**



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

Mailing Address  
**115 W BROAD ST.  
GROVELAND, FL 34736**



01192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3125542**

Applied For  
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**

**DO NOT WRITE  
IN THIS SPACE**

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

000000804594  
02/05/08-80074-019 150.00

**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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

1-28-08

Date

352-429-4881

Daytime Phone #