

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90042 044 ***150.00

DOCUMENT # P02000052672

1. Entity Name
SELVAN, INC.



Principal Place of Business
**P.O. BOX 540876
MERRITT ISLAND, FL 32952**

Mailing Address
**P.O. BOX 540876
MERRITT ISLAND, FL 32952**

2. Principal Place of Business
P.O. BOX 540876

3. Mailing Address
P.O. BOX 540876

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MERRITT ISLAND, FL

City & State
MERRITT ISLAND, FL

Zip
32954-0876

Country
BREVARD

Zip
32954-0876

Country
BREVARD

03292004

Chg-P

CR2E034 (10/03)

4. FEI Number
75-3048672

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SELVARAJ, ANANDA MD
1790 PORPOISE ST
MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SELVARAJ, ANANDA MD**
STREET ADDRESS **P.O. BOX 540876**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **VT** ☐ Delete
NAME **SELVARAJ, JOSEPHINE M**
STREET ADDRESS **P.O. BOX 540876**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **SELVARAJ, ANANDA MD**
STREET ADDRESS **P.O. BOX 540876**
CITY-ST-ZIP **MERRITT ISLAND, FL 32954-0876**

TITLE **VT** ☒ Change ☐ Addition
NAME **SELVARAJ, JOSEPHINE M**
STREET ADDRESS **P.O. BOX 540876**
CITY-ST-ZIP **MERRITT ISLAND, FL 32954-0876**

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

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

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

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 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: **X Josephine M. Selvaraj V/T**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 April 2004
Date

(321) 459-2594
Daytime Phone #