

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000052672

1. Entity Name
SELVAN, INC.



Principal Place of Business
**P.O. BOX 540876
MERRITT ISLAND, FL 32954-0876**

Mailing Address
**P.O. BOX 540876
MERRITT ISLAND, FL 32954-0876**



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME	SELVARAJ, ANANDA MD
STREET ADDRESS	P.O. BOX 540876
CITY- ST- ZIP	MERRITT ISLAND, FL 329540876
TITLE	VT
NAME	SELVARAJ, JOSEPHINE M
STREET ADDRESS	P.O. BOX 540876
CITY- ST- ZIP	MERRITT ISLAND, FL 329540876
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000747217
05/17/07-80017-001 150.00

**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

PRESIDENT
ANANDA SELVARAJ 27 April 2007 (321) 459-2594
Date Daytime Phone #