

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000052672

Entity Name: SELVAN, INC.

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1790 PORPOISE ST  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 540876  
MERRITT ISLAND, FL 329540876

**New Mailing Address:**

FEI Number: 75-3048672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SELVARAJ, ANANDA MD  
Address: P.O. BOX 540876  
City-St-Zip: MERRITT ISLAND, FL 329540876

Title: VT  
Name: SELVARAJ, JOSEPHINE M  
Address: P.O. BOX 540876  
City-St-Zip: MERRITT ISLAND, FL 329540876

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANANDA SELVARAJ

P

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date