


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000086949

1. Entity Name
 IONA VENTURE CORPORATION



Principal Place of Business 17499 MCGREGOR BLVD. FORT MYERS, FL 33908	Mailing Address 17499 MCGREGOR BLVD. FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0537071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAUMANN, MARK
 17499 MCGREGOR BLVD.
 FORT MYERS, FL 33908

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NELLANS, LARRY 15065 MCGREGOR BLVD. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOLA, VANCE 2417 WULFERT RD. SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAUMANN, MARK 17499 MCGREGOR BLVD. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARLTON, RICK W 17499 MCGREGOR BLVD. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/30/04-30095-018 150.00

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:  **4-27-04** **239-454-1333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #