


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000086949 1. Entity Name IONA VENTURE CORPORATION	
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Principal Place of Business 17499 MCGREGOR BLVD. FORT MYERS FL 33908	Mailing Address 17499 MCGREGOR BLVD. FORT MYERS FL 33908
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

4. FEI Number 65-0537071	<input type="checkbox"/> Applied For <input type="checkbox"/> 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

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 _____ 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DP NELLANS, LARRY <input type="checkbox"/> Delete 15065 MCGREGOR BLVD. FORT MYERS FL 33908
NAME	D JOLA, VANCE <input type="checkbox"/> Delete 2417 WULFERT RD. SANIBEL FL 33957
STREET ADDRESS	S NAUMANN, MARK <input type="checkbox"/> Delete 17499 MCGREGOR BLVD. FORT MYERS FL
CITY - ST - ZIP	T CARLTON, RICK W <input type="checkbox"/> Delete 17499 MCGREGOR BLVD. FT. MYERS FL
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	
CITY - ST - ZIP	

00000325902
04/23/05-80035-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-20-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #