

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000007532

**Entity Name:** IOANNA CORPORATION

**Current Principal Place of Business:**

2440 MAYPORT ROAD  
# 7  
JACKSONVILLE, FL 32233

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC2968574017**

**Current Mailing Address:**

PO BOX 330108  
ATLANTIC BEACH, FL 32233 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

SORRELL, MARY CESQ  
2440 MAYPORT ROAD  
# 7  
JACKSONVILLE, FL 32233 US

*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

**Officer/Director Detail :**

Title            P  
Name            KOSTAS, THEODOSIOS  
Address        47 11TH STREET  
City-State-Zip: ATLANTIC BEACH FL 32233

Title            VP  
Name            MARMARIDOU, GEORGIA  
Address        47 11TH STREET  
City-State-Zip: ATLANTIC BEACH FL 32233

Title            VP/S  
Name            HIONIDES, LUCKY  
Address        47 11TH STREET  
City-State-Zip: ATLANTIC BEACH FL 32233

Title            VP  
Name            HIONIDES, CHRIS  
Address        2440 MAYPORT ROAD #7  
City-State-Zip: JACKSONVILLE FL 32233

*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: CHRIS HIONIDES**

**OWNER**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date