

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P19644

1. Entity Name
FORT IONA, INC.



Principal Place of Business
2560 SECOND AVENUE
DETROIT, MI 48201

Mailing Address
2560 SECOND AVENUE
DETROIT, MI 48201



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number
38-2823697

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSEY, GEORGE F.
275 FOURTH STREET NORTH
ST. PETERSBURG, FL 33701-3209

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUBY, CARL
STREET ADDRESS 2560 SECOND AVENUE
CITY-ST-ZIP DETROIT, MI

TITLE S
NAME SIEGER, MARY
STREET ADDRESS 2560 SECOND AVE
CITY-ST-ZIP DETROIT, MI 48201

TITLE T
NAME DISHELL, DON
STREET ADDRESS 2560 SECOND AVENUE
CITY-ST-ZIP DETROIT, MI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000268520
03/18/05-80046-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone #

3-14-05 727-895-7725