

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 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**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0537071** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **4.25.06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #