2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2005 08:00 AM Secretary of State

3/14/05 Date

	ANNUAL	REPORT			9, 2003 00.00
DOCUMENT # F0000004817 1. Entity Name FORT MYERS METRO 502 MANAGEMENT, INC.				Sec	retary of State
Principal Dis-	at Durings				
201 NORTH	ce of Business ILLINOIS STREET, 23RD FLOOR IS, IN 46204	Mailing Address 201 NORTH ILLINOIS STREE INDIANAPOLIS, IN 46204	T, 23RD FLOOR		
i	and the second s	modern		L IMBILIA EIN WATTE WATE ANEIT WAITI AWITI A F	tusis maji) misus iliist limii lenivas st innt
.	the second of the second of the second	dispersion of the contract of the second	La	03032005 No Chg-P	CR2E034 (10/03)
<u>L</u>	O NOT WRITE	IN THIS SPA	ICE	4. FEI Number 35-2115530	Applied For Not Applicable
	و بد الأنكاب و بالمستند و بد الأنكاب . المنظم المالية المالية	The second section is a second	and the same of th	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current P	Registered Agent			Fee Required
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WE	
				IN THIS SPA	ACE
8. The above the obligat	a named entity submits this statement for tions of registered agent.	the purpose of changing its regist	ered office or registere	ed agent, or both, in the State of Florid	da. I am familier with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	(NOTE, Regist	ered Agent signature required	when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	Election Campaign Fin Trust Fund Contribution	+	00 May Be ed to Fees	
10.	OFFICERS AND D	DIRECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PST BROADBENT, GEORGE P 201 NORTH ILLINOIS STREET, 2 INDIANAPOLIS, IN 46204	3RD FLOOR		, , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROADBENT, GEORGE P 201 NORTH TLLINOIS STREET, 2 INDIANAPOLIS, IN 46204	1000000279807 - 03729705-80011-019 150,00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADLEY, JOYCE A 201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204			DO NOT WF	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE					agente de projection de la company de la
NAME STREET ADDRESS			1		
CITY-ST-ZIP		· • • · · · · · · · · · · · · · · · · ·	Total Control of the Control		The second second from the second sec
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the contract of the contract o	his filling does not qualify for the ex- rue and accurate and that my sign vered to execute this report as requ th all other like empowered.	emption stated in Sec ature shall have the sa uired by Chapter 607.	tion 119.07(3)(i), Florida Statutes. I fur ame legal effect as if made under oat Florida Statutes; and that my name ap	ther certify that the information to that I am an officer or director opears in Block 10 or Block 11 if

JOHCA A. BIO OR DIRECTOR ASSI, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR