


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000004817	
1. Entity Name FORT MYERS METRO 502 MANAGEMENT, INC.	

Principal Place of Business 201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204	Mailing Address 201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204
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U00000456531
03/16/06-80028-025 150.00



DO NOT WRITE IN THIS SPACE

02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2115530	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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 re-registering) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	PST BROADBENT, GEORGE P 201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROADBENT, GEORGE P 201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADLEY, JOYCE A 201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Joyce A Bradley / Joyce A Bradley 2/23/06 (317) 237-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #