

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000004818

1. Entity Name
FORT MYERS GLADIOLUS 503 MANAGEMENT, INC.



Principal Place of Business
**201 NORTH ILLINOIS STREET, 23RD FLOOR
 INDIANPOLIS, IN 46204**

Mailing Address
**201 NORTH ILLINOIS STREET, 23RD FLOOR
 INDIANPOLIS, IN 46204**

DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number
35-2115532 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

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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 reinstating)

**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**

**U00000272746
 03/22/05-80016-013 150.00**

10. OFFICERS AND DIRECTORS

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

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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: Joyce A. Bradley Joyce A. Bradley 3/11/05 (317) 237-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Asst. Sec.