


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 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
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02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2115532	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when rehashing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 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	
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 4/22/06 (317) 237-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #