


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000044321

1. Entity Name
ABLE ADVISORY INC.



Principal Place of Business Mailing Address

700 ELEVENTH STREET SOUTH PH2 700 ELEVENTH STREET SOUTH PH2
 NAPLES, FL 34102-6777 NAPLES, FL 34102-6777



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0462577 Applied For
 Not Applicable

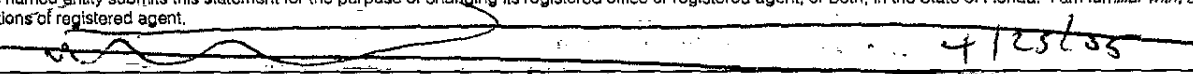
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMSON, KYLE N
 C/O CHASTANG FERRELL SIMS & EISERMAN LLC
 999 VANDERBUILT BEACH RD., SUITE 601
 NAPLES, FL 34108**

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: **4/25/05**

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

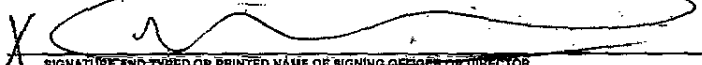
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABLE, ANTHONY R
STREET ADDRESS	700 ELEVENTH STREET SOUTH PH2
CITY-ST-ZIP	NAPLES, FL 341026777
TITLE	VS
NAME	ABLE, VESNA
STREET ADDRESS	700 ELEVENTH STREET SOUTH PH2
CITY-ST-ZIP	NAPLES, FL 341026777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000358426
 05/04/05-80114-017 150.00

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:  Date: **4/25/05** Daytime Phone #: **239-430-4310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR