


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000044321 1. Entity Name ABLE ADVISORY INC.	
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Principal Place of Business 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777	Mailing Address 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0462577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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
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**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 reinstating) DATE


<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABLE, ANTHONY R 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 341026777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ABLE, VESNA 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 341026777
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/07-80021-009 150.00

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: 	4.16.07	239.430.4310
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>