


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P03000044321<br>1. Entity Name<br>ABLE ADVISORY INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>700 ELEVENTH STREET SOUTH PH2<br>NAPLES, FL 34102-6777 | Mailing Address<br>700 ELEVENTH STREET SOUTH PH2<br>NAPLES, FL 34102-6777 |
|---|---|



03102008 No Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>51-0462577 | Applied For<br>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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>ABLE, ANTHONY R<br>700 ELEVENTH STREET SOUTH PH2<br>NAPLES, FL 341026777 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VS<br>ABLE, VESNA<br>700 ELEVENTH STREET SOUTH PH2<br>NAPLES, FL 341026777     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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 04/10/08-80117-006 150.00

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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:  3-26-08 239-430-4310  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #