

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044321

Entity Name: ABLE ADVISORY INC.

FILED  
Apr 27, 2012  
Secretary of State

**Current Principal Place of Business:**

700 ELEVENTH STREET SOUTH PH2  
NAPLES, FL 341026777 US

**New Principal Place of Business:**

**Current Mailing Address:**

700 ELEVENTH STREET SOUTH PH2  
NAPLES, FL 341026777 US

**New Mailing Address:**

FEI Number: 51-0462577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMSON, KYLE N  
4099 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ABLE, ANTHONY R  
Address: 700 ELEVENTH STREET SOUTH PH2  
City-St-Zip: NAPLES, FL 341026777 US

Title: VS  
Name: ABLE, VESNA  
Address: 700 ELEVENTH STREET SOUTH PH2  
City-St-Zip: NAPLES, FL 341026777 US

Title: SEC  
Name: HART, TAYLOR J  
Address: 1739 WELLESLEY CIRCLE #6  
City-St-Zip: NAPLES, FL 34116 US

Title: D  
Name: SMITH, DANIELLE  
Address: 120 15TH NW  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY ABLE

D

04/27/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date