


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000103526</b>	
1. Entity Name ABLE SUPPORTS, INC.	

Principal Place of Business 5702 OLIVE ROAD SEBRING, FL 33875	Mailing Address 5702 OLIVE ROAD SEBRING, FL 33875
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01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0134728	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

STOPKO, JOHN M  
5702 OLIVE ROAD  
SEBRING, FL 33875

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)

**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 NAME STREET ADDRESS CITY - ST - ZIP	CEO, STOPKO, EVA L 5702 OLIVE ROAD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STOPKO, JOHN M 5702 OLIVE ROAD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STOPKO, JOHN M 5702 OLIVE ROAD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STOPKO, EVA L 5702 OLIVE ROAD SEBRING, FL 33875
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01/21/05-80049-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:  1-3-05 863-382-1028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #