

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90005 022 ***150.00

DOCUMENT # P03000044321

1. Entity Name
ABLE ADVISORY INC.



Principal Place of Business
**700 ELEVENTH STREET SOUTH PH2
NAPLES, FL 34102-6777**

Mailing Address
**700 ELEVENTH STREET SOUTH PH2
NAPLES, FL 34102-6777**

54021529

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

51-0462577

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, DAVID F.
700 ELEVENTH STREET SOUTH PH2
NAPLES, FL 34102-6777**

Name
Kyle N. Williamson

Street Address (P.O. Box Number is Not Acceptable)

c/o Cranstang Ferrell Sims & Eversman LLC

999 Vanderbilt Beach Road, Suite 601

City

Naples

FL

Zip Code

34108

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)

3/18/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME ABLE, VESNA
STREET ADDRESS 700 ELEVENTH STREET SOUTH PH2
CITY-ST-ZIP NAPLES, FL 341026777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VST ☒ Delete
NAME YOUNG, DAVID F.
STREET ADDRESS 700 ELEVENTH STREET SOUTH PH2
CITY-ST-ZIP NAPLES, FL 341026777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME MAREK, JENNY L.
STREET ADDRESS 700 ELEVENTH STREET SOUTH PH2
CITY-ST-ZIP NAPLES, FL 341026777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBRECHT

Date

Daytime Phone #

22/3/04 239 389 1139