


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90342 048 ***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

60028753



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 51-0462577

Applied For
 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ABLE, ANTHONY R. PD Date: 4.18.06 Daytime Phone #: 239.430.4310