


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000044321 1. Entity Name ABLE ADVISORY INC.	
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Principal Place of Business 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777	Mailing Address 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777
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03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0462577	Applied For Not Applicable
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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 _____ (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 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
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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 #