

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044321

Entity Name: ABLE ADVISORY INC.

FILED  
Jan 12, 2009  
Secretary of State

**Current Principal Place of Business:**

700 ELEVENTH STREET SOUTH PH2  
NAPLES, FL 341026777

**New Principal Place of Business:**

**Current Mailing Address:**

700 ELEVENTH STREET SOUTH PH2  
NAPLES, FL 341026777

**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  
C/O CHASTANG FERRELL SIMS & EISERMAN LLC  
999 VANDERBUILT BEACH RD., SUITE 601  
NAPLES, FL 34108 US

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

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

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

01/12/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY R ABLE

Electronic Signature of Signing Officer or Director

MR.

01/12/2009

Date