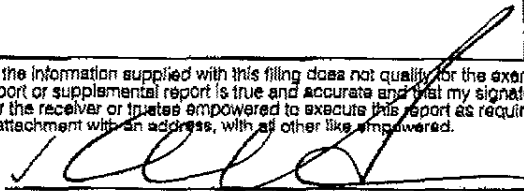


FILED

Apr 29, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000105833 1. Entity Name ABLE ASSOCIATES, INC.			
Principal Place of Business 848 HARBOR ISLE PLACE WEST PALM BEACH, FL 33410n		Mailing Address 801 YALE AVE. STE. 309 SWARTHMORE, PA 19081	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent REESE, DALE L 848 HARBOR ISLE WEST PALM BEACH, FL 33410		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 relocating)			
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			
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	REESE, DALE L		
STREET ADDRESS	848 HARBOR ISLE		
CITY-ST-ZIP	W PALM BEACH, FL 33410		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
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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 118.07(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: 		Date: 4/28/04 610-328-5400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



04272004 No Chg-P CR2E034 (10/03)

 4. FEI Number
 23-2530042

 Applied For
 Not Applicable

 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

 000000141185
 04/28/04-80189-025 150.00