

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006974

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** THE CAPSTONE CONSULTING GROUP, INC.

**Current Principal Place of Business:**

4220 NATURAL BRIDGE ROAD  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

**Current Mailing Address:**

4220 NATURAL BRIDGE ROAD  
TALLAHASSEE, FL 32305

**New Mailing Address:**

**FEI Number:** 59-3617433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTZ, BARBARA A  
4220 NATURAL BRIDGE ROAD  
TALLAHASSEE, FL 32305 US

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

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

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D P ( ) Delete  
Name: BUTZ, BARBARA A  
Address: 4220 NATURAL BRIDGE ROAD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: D S ( ) Delete  
Name: SELLARS, DAVID J  
Address: 2580 ROYAL OAKS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D VP ( ) Delete  
Name: ALLEN, TAMARA B  
Address: 1204 GULF AVENUE  
City-St-Zip: CARRABELLE, FL 32322

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

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

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:** BARBARA A. BUTZ

PRES

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date