

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000009984  
 1. Entity Name  
 CAPSTONE CORPORATION



Principal Place of Business      Mailing Address  
 5425 BEAUMONT CENTER BLVD., #916      PO BOX 15699  
 TAMPA, FL 33634 US      TAMPA, FL 33684 US



**DO NOT WRITE IN THIS SPACE**

05242005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3222850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CRAWFORD, DARYL W  
 5425 BEAUMONT CENTER BLVD., #916  
 TAMPA, FL 33634

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CRAWFORD, DARYL W 5425 BEAUMONT CENTER BLVD., #916 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Daryl W. Crawford      5/23/05      813-886-2224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #