

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000009984

Entity Name: CAPSTONE CORPORATION

FILED  
Apr 08, 2006  
Secretary of State

## Current Principal Place of Business:

5425 BEAUMONT CENTER BLVD., #916  
TAMPA, FL 33634 US

## New Principal Place of Business:

5425 BEAUMONT CENTER BLVD  
SUITE 916  
TAMPA, FL 33634 US

## Current Mailing Address:

PO BOX 15699  
TAMPA, FL 33684 US

## New Mailing Address:

FEI Number: 59-3222850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAWFORD, DARYL W  
5425 BEAUMONT CENTER BLVD., #916  
TAMPA, FL 33634 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: PSTD ( ) Delete  
Name: CRAWFORD, DARYL W  
Address: 5425 BEAUMONT CENTER BLVD., #916  
City-St-Zip: TAMPA, FL 33634

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CRAWFORD, DARYL W  
Address: 5425 BEAUMONT CENTER BLVD STE 916  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the 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: DARYL W. CRAWFORD

PRES

04/08/2006

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

\_\_\_\_\_  
Date