

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P98000041356**

1. Entity Name  
**CAPITAL SOLUTIONS, INC.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**1434 WEST FAIRBANKS AVE. 1434 WEST FAIRBANKS AVE.**  
**WINTER PARK, FL 32789 WINTER PARK, FL 32789**



02012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3509185** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEUTHEUSER, FRANK R II**  
**1434 WEST FAIRBANKS AVE.**  
**WINTER PARK, FL 32789**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	LEUTHEUSER, FRANK R II
STREET ADDRESS	1434 WEST FAIRBANKS AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VPS
NAME	LEUTHEUSER, PEGGY A
STREET ADDRESS	1434 WEST FAIRBANKS AVE.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/03/05-80046-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:** \_\_\_\_\_

**FRANK R. LEUTHEUSER, II**  
**Frank R. Leuthouser, II**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**2/1/05**

**407-644-9854**  
Date Daytime Phone #