


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 447632

1. Entity Name
CAPE MARINE SERVICES, INC.



Principal Place of Business 800 SCALLOP DRIVE CAPE CANAVERAL, FL 32920	Mailing Address 800 SCALLOP DRIVE CAPE CANAVERAL, FL 32920
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1517190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEAMAN (GERALD E.)
4340 NORTH TROPICAL TRAIL
MERRITT ISLAND, FL 32953

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 _____ 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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEAMAN, ROSE 4340 N TROPICAL TRAIL MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, WILLIAM 450 CARRIOCA CT MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, LOUISE C 450 CARRIOCA COURT MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEAMAN, GERALD 4340 N TROPICAL TRAIL MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SEAMAN, KAREN R 5120 FLORIDA PALM AVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000265834
03/17/05-800005-020 150.00

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)(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: *Karen Seaman* **Karen Seaman** **3/14/05** **321-783-8410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #