


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 447632**  
 1. Entity Name  
**CAPE MARINE SERVICES, INC.**



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

**DO NOT WRITE IN THIS SPACE**



03062006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1517190**      Not Applicable

5. Certificate of Status Desired        **\$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, 2006 Fee will be \$550.00**

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

FIN0000462371  
 03/21/06-80031-018 150.00

**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	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06    321-783-8410  
Date      Daytime Phone #