

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447632

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: CAPE MARINE SERVICES, INC.

**Current Principal Place of Business:**

800 SCALLOP DRIVE  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

800 SCALLOP DRIVE  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 59-1517190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEAMAN (GERALD E.)  
4340 NORTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32953      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: DT ( ) Delete  
Name: SEAMAN, ROSE  
Address: 4340 N TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL

Title: D ( ) Delete  
Name: PARKER, WILLIAM  
Address: 450 CARRIOCA CT  
City-St-Zip: MERRITT ISLAND, FL

Title: D ( ) Delete  
Name: PARKER, LOUISE C  
Address: 450 CARRIOCA COURT  
City-St-Zip: MERRITT ISLAND, FL

Title: DP ( ) Delete  
Name: SEAMAN, GERALD  
Address: 4340 N TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL

Title: DS ( ) Delete  
Name: SEAMAN, KAREN R  
Address: 5120 FLORIDA PALM AVE  
City-St-Zip: COCOA, FL 32927

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KAREN SEAMAN

DS

02/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date