

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447632

FILED
Apr 19, 2009
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: DT (X) Change () Addition
Name: SEAMAN, ROSE
Address: 4340 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D (X) Change () Addition
Name: PARKER, WILLIAM
Address: 450 CARRIOCA CT
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D (X) Change () Addition
Name: PARKER, LOUISE C
Address: 450 CARRIOCA COURT
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: DP (X) Change () Addition
Name: SEAMAN, GERALD
Address: 4340 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953 US

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

I hereby certify that the information supplied with this filing does not qualify 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

04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date