

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447632

FILED  
Apr 14, 2010  
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  
Name: SEAMAN, ROSE  
Address: 4340 N TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN R SEAMAN BURK

SEC

04/14/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date