

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447632

Entity Name: CAPE MARINE SERVICES, INC.**Current Principal Place of Business:**800 SCALLOP DRIVE
CAPE CANAVERAL, FL 32920**Current Mailing Address:**800 SCALLOP DRIVE
CAPE CANAVERAL, FL 32920**FEI Number:** 59-1517190**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEAMAN (GERALD E.)
4340 NORTH TROPICAL TRAIL
MERRITT ISLAND, FL 32953 US*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**Officer/Director Detail :**

| | |
|-----------------|-------------------------|
| Title | DT |
| Name | SEAMAN, ROSE |
| Address | 4340 N TROPICAL TRAIL |
| City-State-Zip: | MERRITT ISLAND FL 32953 |

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

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

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

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

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 SEAMAN BURK**SECRETARY****04/02/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date