

**2017 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**

**04/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date