

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 619360

FILED
Apr 29, 2004
Secretary of State

Entity Name: CAPE CANAVERAL MARINE SERVICES, INC.

Current Principal Place of Business:

350 IMPERIAL BLVD.
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

350 IMPERIAL BLVD.
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-1939931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUCK, TOM
312 S HARBOR CITY BLVD
MELBOURNE, FL 32901 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: PD () Delete
Name: BELL, JAMES B.,
Address: 427 BRIGHTWATERS DR
City-St-Zip: COCOA BEACH, FL

Title: VPD () Delete
Name: CARTER, WILLIAM A.,
Address: 427 BRIGHTWATERS DR.
City-St-Zip: COCOA BEACH, FL

Title: SD () Delete
Name: CARTER, KATHLEEN N.,
Address: 427 BRIGHTWATERS DR.
City-St-Zip: COCOA BEACH, FL

Title: TD () Delete
Name: BELL, CAMILLE M.,
Address: 427 BRIGHTWATERS DR.
City-St-Zip: COCOA BEACH, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAMILLE BELL

TD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date