2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000074492

1. Entity Name
SEA-AIR LIMO SERVICE, INC.

Principal Place of Business
4630 N UNIVERSITY DR SUITE 380
CORAL SPRINGS, FL 33067

Mailing Address
4630 N UNIVERSITY DR SUITE 380
CORAL SPRINGS, FL 33067

DO NOT WRITE IN THIS SPACE

04122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0695732
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHORR, STEPHEN A PA
625 N E 3RD AVENUE
FT LAUDERDALE, FL 33304

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	TOEMMES, LINDA
STREET ADDRESS	4630 N. UNIVERSITY DR. #380
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	VCFO
NAME	TOEMMES, PETE
STREET ADDRESS	4630 N. UNIVERSITY DR. #380
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	VCOO
NAME	TOEMMES, RYAN
STREET ADDRESS	4630 N. UNIVERSITY DR. #380
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE: Linda Toemmes — Linda Toemmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2006
Date

954-757-7480
Daytime Phone #