


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



04122006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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

**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	

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 05/01/06-80020-007 150.00

**DO NOT WRITE IN THIS SPACE**

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 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

954-757-7480  
 April 15, 2006  
Date      Daytime Phone #