2007.FOR.PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000074492

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

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

DO NOT WRITE IN THIS SPACE

04072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0695732	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, 2007 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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05/08/07-80079-005 150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _Pete Toemmes, Vice President_ 4/20/07 151-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #