


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P01000092421 1. Entity Name MORTON'S CATERING AT SERENDIPITY, INC. |  |
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| Principal Place of Business P.O. BOX 1329 SARASOTA, FL 34230 | Mailing Address P.O. BOX 1329 SARASOTA, FL 34230 |
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

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|---|-----------------------------------|
| 4. FEI Number 65-1150024 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent MCGINNESS, W.LEE 1800 SECOND ST. STE 971 SARASOTA, FL 34239 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD GRIFFIN, CARLA T 1924 S. OSPREY AVE, STE 200 SARASOTA, FL 34239 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS SALSER, RANDAL D 1924 S. OSPREY AVE, STE 200 SARASOTA, FL 34239 |
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07/24/07-80008-025 158.75

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: Randy SE 7-13-07 94-566818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #