

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P01000092425**

1. Entity Name  
**MORTON'S CATERING, INC.**



Principal Place of Business

**P.O. BOX 1329  
SARASOTA, FL 34230**

Mailing Address

**P.O. BOX 1329  
SARASOTA, FL 34230**

**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-1139331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCGINNESS, W. LEE  
1800 SECOND STREET  
SUITE 971  
SARASOTA, FL 34236**

**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

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
GRIFFIN, CARLA T  
1924 S OSPREY AVENUE SUITE 200  
SARASOTA, FL 34239**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
SALSER, RANDAL D  
1924 S OSPREY AVENUE SUITE 200  
SARASOTA, FL 34239**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000770257  
07/24/07-80008-026 158.75

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1301

94-316-6818