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Secretary of State

07-25-2007 90045 041 ***158.75
09-06-2007 90011 032 ***391.25

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000078334

1. Entity Name
MORTON'S MARKET, INC.

Principal Place of Business	Mailing Address
P O BOX 1329 SARASOTA, FL 34230	P O BOX 1329 SARASOTA, FL 34230

40131519

07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0953946
☐ 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 ST.
STE 971
SARASOTA, FL 34236

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

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GRIFFIN, CARLA T
STREET ADDRESS	1924 S OSPREY AVENUE, SUITE 100
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VPS
NAME	SALSER, RANDAL
STREET ADDRESS	1924 S. OSPREY AVE STE. 2002
CITY-ST-ZIP	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	

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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: Randy SR 9-13-07 941-316-6818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #