2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# K68414

Entity Name: BIG JOHN'S ALABAMA BAR-B-Q, INC.

Current Principal Place of Business:

5707 N. 40TH ST.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5707 N. 40TH ST.
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3260837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER LOVETT,CPA
400 EAST MLK BLVD
SUITE 108
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAJOR, JABESSA
Address: 3907 WEST CHERRY
City-St-Zip: TAMPA, FL 33607

Title: P ( ) Delete
Name: STEPHENS, FREDERICK
Address: 2108 N GRADY
City-St-Zip: TAMPA, FL 33607

Title: V ( ) Delete
Name: SCAGLIONE, FRANNIE
Address: 5707 NORTH 40TH STREET
City-St-Zip: TAMPA, FL 33610

Title: S ( ) Delete
Name: STEPHENS, DAVID E
Address: 1511 N. MORGAN ST.
City-St-Zip: TAMPA, FL 33602

Title: AS ( ) Delete
Name: STEPHENS, STEVE
Address: 5707 N. 40TH ST.
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: GIPSON, AMY
Address: 5707 N. 40TH ST.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JABESSA MAJOR PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date