


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L52441 1. Entity Name BIG JOHN OF CAPE CORAL, INC.	
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Principal Place of Business C/O ELMER W. TABOR 4731 VINCENNES BLVD CAPE CORAL, FL 33904 US	Mailing Address C/O ELMER W. TABOR 4731 VINCENNES BLVD CAPE CORAL, FL 33904 US
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0221009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TABOR, ELMER W. 4731 VINCENNES BLVD CAPE CORAL, FL 33904	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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000802585 02/04/08-80003-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, JENNIFER 1444 LARKSPUR DR FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABOR, ELMER W. 1919 S.E. 35TH STREET CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TABOR, GAIL L 1919 SE 35TH ST CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Gail L Tabor **GAIL L TABOR** 1/24/08 2395422194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone