


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90027 008 ***150.00

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| DOCUMENT # P93000085407 |  |
| 1. Entity Name BIG JOHN, INC. | |

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|---|---|
| Principal Place of Business 707 SAILFISH DRIVE FT. WALTON BEACH, FL 32548 | Mailing Address 707 SAILFISH DRIVE FT. WALTON BEACH, FL 32548 |
|---|---|

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-3217248 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**HAMILTON, EARL J JR
707 SAILFISH DR.
FT. WALTON BEACH, FL 32548**

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMILTON, EARL J JR 707 SAILFISH DRIVE FT. WALTON BEACH, FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLEN, ERIC T DESTIN 354 SAILFISH DESTIN, FL 32541 |
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| 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:  **-VP** **1-16-07** **850-244-1610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #