


2005 FOR PROFIT CORPORATION ANNUAL REPORT

P02000036391

DOCUMENT # P02000036391
 1. Entity Name
 THE BIG FOOT GROUP, INC.



FILED

05 JUL -6 PM 1:21

SECRET
 TALLAHASSEE, FLORIDA

Principal Place of Business
 849 S. EDGEWOOD AVENUE
 JACKSONVILLE, FL 32205

Mailing Address
 849 S. EDGEWOOD AVENUE
 JACKSONVILLE, FL 32205

05/16/05 01078 001 \$150.00
 05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 03-0425372

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BIG FOOT PROPERTIES INC.
 849 S. EDGEWOOD AVENUE
 JACKSONVILLE, FL 32205

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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 Due by September 7, 2005

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 ELLIS, DAN 849 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205
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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 exemption stated in Section 119.07(3)(i), 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:  5-1-05 904-378 9220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #