

From: TILLEY & CALLAHAN, PA, CPA's 904 730 7090


**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90168 001 \*\*\*750.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P02000036391**

1. Entity Name  
**THE BIG FOOT GROUP, INC.**



Principal Place of Business 849 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205	Mailing Address 849 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205
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**66015215**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



0424: 007 Cl g-P CR2E034 (12/06)

4. FEI Number <b>03 0425372</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**BIG FOOT PROPERTIES INC.**  
**849 S. EDGEWOOD AVENUE**  
**JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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 re-registering)

**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 3e Added to Fee:

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FOOTMAN, DAN E 849 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if at my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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