2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 05, 2004 08:00 AM Secretary of State

DOCL	IM	FNT	# 4	491	175
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1. Entity Name

TERRA COTTA REALTY (FLORIDA), INC.



Principal Place of Business

3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL 60012

31 1012 119 Mailing Address

3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL 60012

US



03292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 36-0386126 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301

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	named entity submits this statement for the points of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familian	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if	goolcapie (NOTE Registered	Agent signaturé	required when reinstating)	DATE	
	Signature, system of prefine transfer or registered ages and race p	(101) 10331000	Tigota digitato e			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	cing 🗆	\$5.00 May Be Added to Fees	UQ00Q0102953 04/05/04-80036-013	158.75
10. OFFICERS AND DIRECTORS					<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP	DCH BERRY, GEORGE A. III 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYWARD, THOMAS Z. 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL					
TITLE	1 VD					

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TITLE NAME BERRY, GEORGE A. IV 3703 SOUTH ROUTE 31 STREET ADDRESS CITY-ST-ZIP CRYSTAL LAKE, IL NAME BERRY, ROBERT F. 3703 SOUTH ROUTE 31 STREET ADDRESS CITY-ST-ZIP CRYSTAL LAKE, IL TITLE SGM MARTINEZ, KATHLEEN M NAME STREET ADDRESS 3703 SOUTH ROUTE 31 CITY-ST-ZIP CRYSTAL LAKE, IL VTD TITLE NELSON, JOHN C NAME STREET ADDRESS 3703 SOUTH ROUTE 31 CITY-ST-ZIP CRYSTAL LAKE, IL 60012

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 of 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-1-04

815-333-8235

Daytime Phone #