## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 25, 2005 08:00 AM Secretary of State

DOCUMENT # 1. Entity Name TERRA COTTA REA	<b>449175</b> LTY (FLORIDA), INC.	
Principal Place of Business 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL 60012	Mailing Address 3703 SOUTH ROUTE 31 US CRYSTAL LAKE, IL 60012	US



## DO NOT WRITE IN THIS SPACE

01062005 No Chg-P

CR2E034 (10/03)

4. FEI Number 36-0386126 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

815-337-8235

UNITED STATES CORPORATION COMPANY 1201 HAYS STREET

6. Name and Address of Current Registered Agent

SUITE 105 TALLAHASSEE, FL 32301

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

TALLAHA:	SSEE, FL 32301		- 114	I IIIS SPACE
8. The above the obligat	named ehility submits this statement for the pations of registered agent.	urpose of changing its registered office	se or registered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	Sapplicable (NOTE Registered Agent s	fignature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS	DCH BERRY, GEORGE A. III 3703 SOUTH ROUTE 31		달 <del></del>	
CITY-ST-ZIP	CRYSTAL LAKE, IL	<del>7</del> ;	·	U00000243446 u2/25/05-80041-008 158.75
NAME STREET ADDRESS CITY-ST-ZIP	HAYWARD, THOMAS Z. 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL	· <del>-</del>	<u>.</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRY, GEORGE A. IV 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL		DO.	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRY, ROBERT F. 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL			THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGM MARTINEZ, KATHLEEN M 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL		<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NELSON, JOHN C 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL 60012			
indicated of the con changed,	seruty that the information supplied with this fill in on this report or supplemental report is true at poration or the receiver or trusted empowered or on arrattachment with an address, with all	ing does not qualify for the exemption not accurate and that my signature sha to execute this report as required by other like empewered.	stated in Section 119.07(3)( all have the same legal effec Chapter 607, Florida Statute	Florida Statutes. I further certify that the information at as if made under cath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if