

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90019 049 \*\*\*158.75

**DOCUMENT # 449175**

1. Entity Name  
TERRA COTTA REALTY (FLORIDA), INC.



Principal Place of Business  
3703 SOUTH ROUTE 31  
CRYSTAL LAKE, IL 60012 US

Mailing Address  
3703 SOUTH ROUTE 31  
CRYSTAL LAKE, IL 60012 US



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01062006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
36-0386126

Applied For  
Not Applicable

Zip Country

5. Certificate of Status Desired ☒ \$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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DCH	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERRY, GEORGE A. III			NAME			
STREET ADDRESS	3703 SOUTH ROUTE 31			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL LAKE, IL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HAYWARD, THOMAS Z.			NAME			
STREET ADDRESS	3703 SOUTH ROUTE 31			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL LAKE, IL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERRY, GEORGE A. IV			NAME			
STREET ADDRESS	3703 SOUTH ROUTE 31			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL LAKE, IL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERRY, ROBERT F.			NAME			
STREET ADDRESS	3703 SOUTH ROUTE 31			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL LAKE, IL			CITY-ST-ZIP			
TITLE	SGM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTINEZ, KATHLEEN M			NAME			
STREET ADDRESS	3703 SOUTH ROUTE 31			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL LAKE, IL			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NELSON, JOHN C			NAME			
STREET ADDRESS	3703 SOUTH ROUTE 31			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL LAKE, IL 60012			CITY-ST-ZIP			

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

815-333-8235

Date

Daytime Phone #