

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90077 018 \*\*\*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

40024809



02072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

36-0386126

Applied For

Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCH  
NAME BERRY, GEORGE A. III  
STREET ADDRESS 3703 SOUTH ROUTE 31  
CITY-ST-ZIP CRYSTAL LAKE, IL 60012

TITLE PD  
NAME HAYWARD, THOMAS Z.  
STREET ADDRESS 3703 SOUTH ROUTE 31  
CITY-ST-ZIP CRYSTAL LAKE, IL 60012

TITLE VD  
NAME BERRY, GEORGE A. IV  
STREET ADDRESS 3703 SOUTH ROUTE 31  
CITY-ST-ZIP CRYSTAL LAKE, IL 60012

TITLE VD  
NAME BERRY, ROBERT F.  
STREET ADDRESS 3703 SOUTH ROUTE 31  
CITY-ST-ZIP CRYSTAL LAKE, IL 60012

TITLE SGM  
NAME MARTINEZ, KATHLEEN M  
STREET ADDRESS 3703 SOUTH ROUTE 31  
CITY-ST-ZIP CRYSTAL LAKE, IL 60012

TITLE VTD  
NAME NELSON, JOHN C  
STREET ADDRESS 3703 SOUTH ROUTE 31  
CITY-ST-ZIP CRYSTAL LAKE, IL 60012

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-07

815-333-8235