

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000007148

1. Entity Name
INTEGRITY REALTY, DEVELOPMENT &
CONSTRUCTION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:03

Principal Place of Business
1141 WAUKEGAN ROAD
GLENVIEW, IL 60025

Mailing Address
1141 WAUKEGAN ROAD
GLENVIEW, IL 60025

2. Principal Place of Business

SAME - N/A

3. Mailing Address

SAME - N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006

Chg-P

CR2E034 (11/05)

4. FEI Number

36-4103468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, TERESA M
1100 WEST AVENUE UNIT 311
MIAMI BEACH, FL 33139-4732

Name

N/A

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

Teresa M. Ramirez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-06

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CDPV
RAMIREZ, ROBERT B JR.
60 GOLF ROAD
GOLF, IL 600290179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
RAMIREZ, ROBERT B JR.
60 GOLF ROAD
GOLF, IL 600290179 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
N/A ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

Przs. 4-15-06 897-728550