


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 449175**  
 1. Entity Name  
 TERRA COTTA REALTY (FLORIDA), INC.



Principal Place of Business      Mailing Address  
 3703 SOUTH ROUTE 31      3703 SOUTH ROUTE 31  
 CRYSTAL LAKE, IL 60012 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	<input checked="" type="checkbox"/> \$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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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	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 NAME STREET ADDRESS CITY-ST-ZIP	VD BERRY, GEORGE A. IV 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRY, ROBERT F. 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGM MARTINEZ, KATHLEEN M 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NELSON, JOHN C 3703 SOUTH ROUTE 31 CRYSTAL LAKE, IL 60012

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 02/25/05-80041-008 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **2-21-05** **815-323-8235**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #