


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # K36324 1. Entity Name CLW REALTY ASSET GROUP, INC.			
Principal Place of Business 4301 ANCHOR PLAZA PKWY SUITE 400 TAMPA, FL 33634 US		Mailing Address 4301 ANCHOR PLAZA PKWY SUITE 400 TAMPA, FL 33634 US	
DO NOT WRITE IN THIS SPACE			
		01122004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2909851		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 HARTER, CRAIG 4301 ANCHOR PLAZA PKWY SUITE 400 TAMPA, FL 33634		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LAUER, F B 4301 ANCHOR PLAZA PKWY STE 400 TAMPA, FL 33634		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARTER, CRAIG R. 4301 ANCHOR PLAZA PKWY STE 400 TAMPA, FL 33634		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VARSAMES, LOUIS 4301 ANCHOR PLAZA PKWY STE 400 TAMPA, FL 33634		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/15/04 (813) 349-8588 Date Daytime Phone #	