

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 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



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2909851

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$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

Signature, typed or printed name of registered agent and date 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 DP  
NAME ROTHSCHILD, DOUGLAS C  
STREET ADDRESS 4301 ANCHOR PLAZA PKWY STE 400  
CITY-ST-ZIP TAMPA, FL 33634

TITLE ST  
NAME HARTER, CRAIG R.  
STREET ADDRESS 4301 ANCHOR PLAZA PKWY STE 400  
CITY-ST-ZIP TAMPA, FL 33634

TITLE VP  
NAME VARSAMES, LOUIS  
STREET ADDRESS 4301 ANCHOR PLAZA PKWY STE 400  
CITY-ST-ZIP TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000752198  
05/21/07-80006-024 158.75

**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 #

4/30/07 (812) 287-2281