


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000060660 1. Entity Name CLW REALTY GROUP OF TENNESSEE, INC.	
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Principal Place of Business 4301 ANCHOR PLAZA PKWY, STE 400 TAMPA, FL 33634	Mailing Address 4301 ANCHOR PLAZA PKWY, STE 400 TAMPA, FL 33634
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01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3661820	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HARTER, CRAIG 4301 ANCHOR PLAZA PKWY, STE 400 TAMPA, FL 33634
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
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**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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARSAMES, LOUIS 4301 ANCHOR PLAZA PKWY, STE 400 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHSCHILD, DOUGLAS 4301 ANCHOR PLAZA PKWY, STE 400 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUER, BRUCE 4301 ANCHOR PLAZA PKWY, STE 400 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, WILLIAM 4301 ANCHOR PLAZA PKWY, STE 400 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000100869  
04/01/04-80024-010 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 3/24/04	Daytime Phone # (812) 349-8585
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