

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000046857

1. Entity Name
CLW REALTY GROUP OF CONNECTICUT, INC.



Principal Place of Business
4301 ANCHOR PLAZA PARWAY
SUITE 400
TAMPA, FL 33634

Mailing Address
4301 ANCHOR PLAZA PARWAY
SUITE 400
TAMPA, FL 33634



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3668370

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARTER, CRAIG
4301 ANCHOR PLAZA PARWAY
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D,P
NAME	VARSAMES, LOUIS
STREET ADDRESS	4301 ANCHOR PLAZA PARWAY SUITE 400
CITY-ST-ZIP	TAMPA, FL 33634

TITLE	D,VP
NAME	ROTHSCHILD, DOUGLAS C
STREET ADDRESS	4301 ANCHOR PLAZA PARWAY SUITE 400
CITY-ST-ZIP	TAMPA, FL 33634

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

3/3/08

(617) 287-2268