

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # V33121**

1. Entity Name  
CLW REALTY GROUP, INC.



Principal Place of Business  
4301 ANCHOR PLAZA PKWY  
STE 400  
TAMPA, FL 33634 US

Mailing Address  
4301 ANCHOR PLAZA PKWY  
STE 400  
TAMPA, FL 33634 US



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3123278	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HARTER, CRAIG R  
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 title 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	D
NAME	VARSALES, LOUIS J.
STREET ADDRESS	7311 PELICAN ISLAND DRIVE
CITY- ST- ZIP	TAMPA, FL 33634

TITLE	D
NAME	ROTHSCHILD, DOUG C
STREET ADDRESS	4113 SALTWATER BLVD.
CITY- ST- ZIP	TAMPA, FL 33615

TITLE	CFO
NAME	HARTER, CRAIG R
STREET ADDRESS	4301 ANCHOR PLAZA PARKWAY
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	

U00000751966  
05/18/07-80124-003 158.75

**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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/30/07 (813) 287-2251