


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G83865</b> 1. Entity Name <b>EAGLE ASSET MANAGEMENT, INC.</b>	
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Principal Place of Business <b>880 CARILLON PKWY. P.O. BOX 12749 ST. PETERSBURG, FL 33716 US</b>	Mailing Address <b>880 CARILLON PKWY. P.O. BOX 12749 ST. PETERSBURG, FL 33733-2749</b>
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**DO NOT WRITE IN THIS SPACE**

03312004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2385219</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>

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

**FABER, STEPHEN W.  
880 CARILLON PKWY  
ST. PETERSBURG, FL 33716**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD RIESS, RICHARD K 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD JAMES, THOMAS A 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HILL, STEPHEN G. 880 CARILLON PKWY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILWANT, ERIC 880 CARILLON PKAY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FABER, STEPHEN W 3071 BRANCH DRIVE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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04/20/04-80059-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Eric Wilwant** APR 08 2004 727-567-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #