


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # G83865
1. Entity Name
EAGLE ASSET MANAGEMENT, INC.



Principal Place of Business 880 CARILLON PKWY. P.O. BOX 12749 ST. PETERSBURG, FL 33716 US	Mailing Address 880 CARILLON PKWY. P.O. BOX 12749 ST. PETERSBURG, FL 33733-2749
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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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05/05/05-80085-005 150.00

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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: *Eric Wilwant* Eric Wilwant 4/27/05 727 567 380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #