


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FABER, STEPHEN W. 880 CARILLON PKWY ST. PETERSBURG, FL 33716		7. Name and Address of New Registered Agent Name CT Corporation System Street Address 1200 South Pine Island Road Plantation, FL 33324 City Ja	
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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY DATE <u>5/10/08</u> <small>Signature, typed or printed name of registered agent and date. (Applicable) NOTE: Registered Agents are required to submit their resignation DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '08	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD RIESS, RICHARD K 880 CARILLON PKWY ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS KELLEY COLE 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD JAMES, THOMAS A 880 CARILLON PKWY ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT BRADLEY BOND 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COOP HILL, STEPHEN G. 880 CARILLON PKWY SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WILWANT, ERIC 880 CARILLON PKAY SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200129224962 Addition 05/13/08--01035--013 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FABER, STEPHEN W 3071 BRANCH DRIVE CLEARWATER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or the empowered.			
SIGNATURE <u>Bradley J. Bond</u> Bradley J. Bond DATE <u>4/30/08</u>		727-567-3800	
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

FILED
2008 MAY -1 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2385219 Approved For Not Applicable

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