


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000093750
 1. Entity Name
AWAD ASSET MANAGEMENT, INC.



Principal Place of Business THE OFFICES OF RAYMOND JAMES FINANCIAL 880 CARILLON PKY. ST. PETERSBURG, FL 33733	Mailing Address THE OFFICES OF RAYMOND JAMES FINANCIAL 880 CARILLON PKY. ST. PETERSBURG, FL 33733
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03312004 No Chg-F CR2E034 (10/03)

4. FEI Number 58-2372400	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**JACOBS, RICHARD O
 200 CENTRAL AVE., STE. 1600
 ST. PETERSBURG, FL 33701**

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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	DCP AWAD, JAMES D ONE EAST END AVE. APT 1A+ NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, STEPHEN G 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILWANT, ERIC 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT WILSON, DONNA L 880 CARILLON PARKWAY ST. PETERSBURG, FL 33733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EGAN, CAROL 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FABER, STEPHEN W 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716

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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 18 2004** **727-567-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #