


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

| | |
|--|---|
| DOCUMENT # P97000093750 1. Entity Name AWAD ASSET MANAGEMENT, INC. |  |
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|--|--|
| 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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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 58-2372400 | 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

JACOBS, RICHARD O
200 CENTRAL AVE., STE. 1600
ST. PETERSBURG, FL 33701

**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 | 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 |

100000361457
05/05/05-80078-008 150.00

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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)(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 4/28/5 727567380

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