
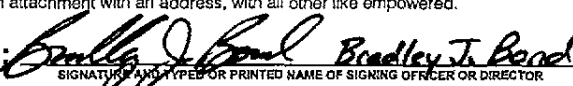


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 341815		
1. Entity Name RAYMOND JAMES & ASSOCIATES, INC.		
Principal Place of Business 880 CARILLON PKWY. P.O. BOX 12749 ST PETERSBURG, FL 33733-2749		Mailing Address 880 CARILLON PKWY. P.O. BOX 12749 ST PETERSBURG, FL 33733-2749
DO NOT WRITE IN THIS SPACE		
		04062006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1237041		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		
MATECKI, PAUL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		U00000527967 05/05/06-80016-023 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD JAMES, THOMAS A. 880 CARILLON PKWY ST PETERSBURG, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELCK, CHESTER B 880 CARILLON PKWY SAINT PETERSBURG, FL 33716	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZANK, DENNIS W. 880 CARILLON PKWY ST PETERSBURG, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV TREMAINE, THOMAS T 880 CARILLON PKWY SAINT PETERSBURG, FL 33716	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT FRANZ, RICHARD B II 880 CARILLON PKWY ST PETERSBURG, FL	
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 like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/14/06 227-567-3800 <small>Date Daytime Phone #</small>