


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90247 038 ****61.25

DOCUMENT # N02000008643 1. Entity Name FRIENDS OF RAYMOND JAMES, INC.					
Principal Place of Business 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716			Mailing Address POST OFFICE BOX 12749 ST. PETERSBURG, FL 33716		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 05-0540150	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATECKI, PAUL L RAYMOND JAMES FINANCIAL, INC. 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOHN W <input checked="" type="checkbox"/> Delete 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIKSEN, ELIZABETH <input type="checkbox"/> Delete 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDO, MARCI <input checked="" type="checkbox"/> Delete 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Rettig (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 880 Carillon Pkwy St Petersburg FL 33716				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Julie Vardice (S) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 880 Carillon Pkwy St Petersburg FL 33716				
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"/> Change <input type="checkbox"/> Addition				
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 617, 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: <u>Elizabeth Ericksen</u> <u>4/19/06</u> <u>127-567-3800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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