

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90095 035 ***150.00

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	
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

401000



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1237041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MATECKI, PAUL 880 CARILLON PKWY. ST. PETERSBURG, FL 33716		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JAMES, THOMAS A. 880 CARILLON PKWY ST PETERSBURG, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D James, Thomas A. 880 Carillon Pkwy St. Petersburg, FL 33716 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBURG, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Shuck, Robert F. 880 Carillon Pkwy St. Petersburg, FL 33716 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELCK, CHESTER B 880 CARILLON PKWY SAINT PETERSBURG, FL 33716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey P. Julien 880 Carillon Pkwy St. Petersburg, FL 33716 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZANK, DENNIS W. 880 CARILLON PKWY ST PETERSBURG, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Bradley Bond 880 Carillon Parkway St. Petersburg, FL 33716 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TREMAINE, THOMAS T 880 CARILLON PKWY SAINT PETERSBURG, FL 33716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Francis Godbold 880 Carillon Pkwy St Petersburg, FL 33716 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FRANZ, RICHARD B II 880 CARILLON PKWY ST PETERSBURG, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Donna Wilson 880 Carillon Pkwy St. Petersburg, FL 33716 ☐ Change ☒ 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 like empowered.

SIGNATURE: Bradley Bond **Bradley Bond** 4/30/07 727-567-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #