


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90030 030 ***150.00

DOCUMENT # 435930 1. Entity Name RAYMOND JAMES FINANCIAL SERVICES, INC.	
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Principal Place of Business 3000 N. UNIVERSITY DRIVE SUITE 2F CORAL SPRINGS, FL 33065	Mailing Address 3000 N. UNIVERSITY DRIVE SUITE 2F CORAL SPRINGS, FL 33065
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94059704



2. Principal Place of Business 880 Carillon Pkwy. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 12749 Suite, Apt. #, etc.
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04012004 Chg-P CR2E034 (10/03)

City & State St. Petersburg, FL	City & State St. Petersburg, FL	4. FEI Number 59-1531281	Applied For Not Applicable
Zip 33716	Country	Zip 33733	Country

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

6. Name and Address of Current Registered Agent MATECKI, PAUL L 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 FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GREENE, M. ANTHONY 880 CARILLON PARKWAY ST PETERSBURG, FL 33732749 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Richard B. Franz, II 880 Carillon Pkwy. St. Petersburg, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELCK, CHET B 880 CARILLON PARKWAY ST PETERSBURG, FL 33732749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV James A. Fulp 880 Carillon pkwy. St. Petersburg, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC AVERITT, RICHARD G 880 CARILLON PARKWAY ST PETERSBURG, FL 33732749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZANK, DENNIS W 880 CARILLON PARKWAY ST PETERSBURG, FL 33732749 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVS HAAS, MARY 880 CARILLON PARKWAY ST PETERSBURG, FL 33732749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUTNAM, J. STEPHEN 880 CARILLON PARKWAY ST PETERSBURG, FL 33732749 <input checked="" type="checkbox"/> Delete	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 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:  **Richard B. Franz, II** **APR 08 2004** **727-567-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #