

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90030 029 \*\*\*150.00

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04062004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 444750</b> 1. Entity Name <b>RAYMOND JAMES FINANCIAL, INC.</b>					
Principal Place of Business <b>880 CARILLON PARKWAY</b> <b>P.O. BOX 12749</b> <b>ST PETERSBURG, FL 33733-2749</b>			Mailing Address <b>880 CARILLON PARKWAY</b> <b>P.O. BOX 12749</b> <b>ST PETERSBURG, FL 33733-2749</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-1517485</b> Applied For Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>MATECKI, PAUL L</b> <b>880 CARILLON PARKWAY</b> <b>ST. PETERSBURG, FL 33716</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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 PARKWAY ST. PETERSBURG, FL	<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	VC SHUCK, ROBERT F. 880 CARILLON PARKWAY ST. PETERSBURG, FL	<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	TAS PIPPENGER, LYNN 880 CARILLON PARKWAY ST PETERSBURG, FL	<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 HELCK, CHET B 880 CARILLON PARKWAY ATLANTA, GA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ST PETERSBURG, FL 33716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV JULIEN, JEFFREY P 880 CARILLON PKWY SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, KENNETH A 880 CARILLON PKWY. ST. PETE., FL 33716	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SV AUGENBRAUN, BARRY S.</b> <b>880 CARILLON PARKWAY</b> <b>ST PETERSBURG, FL 33716</b>	
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.					
<b>SIGNATURE:</b> <u>Jeffrey P. Julien</u> <b>JEFFREY P. JULIEN</b> <b>APR 08 2004</b> <b>727-567-3800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					