

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000003392

1. Entity Name

RAYMOND JAMES CREDIT CORPORATION



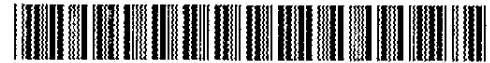
Principal Place of Business

**880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**

Mailing Address

**880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**

DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3321584

Applied For

Not Applicable

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**

**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

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JULIEN, JEFFREY P
STREET ADDRESS	880 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	S
NAME	MATECKI, PAUL L
STREET ADDRESS	880 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	DV
NAME	TREMAINE, THOMAS R
STREET ADDRESS	880 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	V
NAME	KRITSAS, JOHN T
STREET ADDRESS	880 CARILLON PARKWAY
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	AS
NAME	WILSON, DONNA L
STREET ADDRESS	880 CARILLON PARKWAY
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000121618
U4/20/U4-80059-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey P. Julien **08 2004** **727-567-3800**

Date

Daytime Phone #