

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90008 035 \*\*\*550.00

**DOCUMENT # F99000001184**

1. Entity Name  
STERNE AGEE ASSET MANAGEMENT, INC.



Principal Place of Business  
800 SHADES CREEK PARKWAY  
STE 700  
BIRMINGHAM, AL 35209

Mailing Address  
800 SHADES CREEK PARKWAY  
STE 700  
BIRMINGHAM, AL 35209



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
63-0978869

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HARRIS, ROBERT M III  
1800 2ND ST., STE. 975  
SARASOTA, FL 34236

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
HOLBROOK, JAMES S JR.  
800 SHADES CREEK PKWY., STE 700  
BIRMINGHAM, AL 35209

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
WOODHAM, F. EUGENE  
800 SHADES CREEK PKWY., STE 700  
BIRMINGHAM, AL 35209

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #