


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F99000001184 1. Entity Name STERNE AGEE ASSET MANAGEMENT, INC.	
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Principal Place of Business 800 SHADES CREEK PARKWAY STE 700 BIRMINGHAM, AL 35209	Mailing Address 800 SHADES CREEK PARKWAY STE 700 BIRMINGHAM, AL 35209
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**DO NOT WRITE IN THIS SPACE**



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0978869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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
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07/06/05-80006-003 300.00

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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: Cheryl W. Hitt Cheryl W. Hitt 6-30-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #