


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # J96712 1. Entity Name RAYMOND JAMES PARTNERS, INC.	
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Principal Place of Business 880 CARILLON PKWY. P.O. BOX 12749 ST. PETERSBURG, FL 33733-2749 US	Mailing Address 880 CARILLON PKWY. P.O. BOX 12749 ST. PETERSBURG, FL 33733-2749 US
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04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2849643	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATECKI, PAUL L
RAYMOND JAMES FINANCIAL CENTER
800 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MOSBY, J. DAVENPORT III
STREET ADDRESS	880 CARILLON PKWY.
CITY - ST - ZIP	ST. PETERSBURG, FL
TITLE	DV
NAME	DINER, RONALD M
STREET ADDRESS	880 CARILLON PKWY
CITY - ST - ZIP	ST. PETE, FL
TITLE	V
NAME	KISSNER, MARY JEAN
STREET ADDRESS	880 CARILLON PKWY
CITY - ST - ZIP	SAINT PETERSBURG, FL 33716
TITLE	ST
NAME	HUMPREYS, SANDRA
STREET ADDRESS	880 CARILLON PKWY
CITY - ST - ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000527960
05/05/06-80016-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/19/06 727 5673800