2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

05-02-2007 90095 038 *** 150.00 FILE P06000076062 **DOCUMENT # P06000076062** 1. Entity Name RAYMOND JAMES REALTY, INC. 07 MAY 21 AM 10: 13 SECKET OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 880 CARILLON PARKWAY 880 CARILLON PARKWAY dalanani ST PETERSBURG, FL 33716 ST PETERSBURG, FL 33716 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **7**64112007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number Hot Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARMSTRONG, KENNETH E Street Address (P.O. Box Number is Not Acceptable) 880 CARILLON PARKWAY ST PETERSBURG, FL 33716 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 UATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete TITLE Change Addition Ýick Seth 880 Cari Ilon Pkwy NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-7IP St.Petersburg, FL ☐ Change Detete THILE **Addition** TITLE \mathcal{D} NAME NAME Dav. Mosey STREET ADDRESS STREET ADDRESS 880 carillon PKWY CITY-ST-ZIP CITY-ST-7P St Petersburg, FL 33716 🔲 Celete □ Change TITLE TITLE **☑** Addition NAME kenneth Armstrong NAME Parkway STREET ADDRESS STREET ADDRESS 880 Carillan CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME HALL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7(P CITY-SI-ZIP 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 fillock 11 if changed, or on an attachment with an address, with all other like empowered.

725-567-3800