


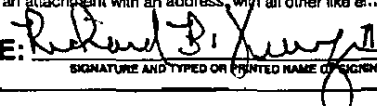
**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**PENDING**  
04-22-2004 90030 025 \*\*\*150.00  
**FILED** S88911

04 MAY -4 PM 5: 57

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**94059709**

<b>DOCUMENT # S88911</b>					
1. Entity Name <b>RAYMOND JAMES TRUST COMPANY</b>					
Principal Place of Business 880 CARILLON PARKWAY P.O. BOX 12749 ST. PETERSBURG, FL 33733-2749 US			Mailing Address 880 CARILLON PARKWAY P.O. BOX 12749 ST. PETERSBURG, FL 33733-2749 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-3126074</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NOT REQUIRED PURSUANT TO FLORIDA STATUTE CHAPTER 607.0501(2), FL</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>	Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NESS, DAVID E		NAME		
STREET ADDRESS	710 CARILLON PARKWAY		STREET ADDRESS	880 Carillon Pkwy.	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JULIEN, JEFFREY P		NAME		
STREET ADDRESS	880 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRSCHBAUM, LOUIS		NAME		
STREET ADDRESS	880 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, DONNA L		NAME		
STREET ADDRESS	880 CARILLON PKWY		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NESS, DAVID E		NAME		
STREET ADDRESS	710 CARILLON PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33732749		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANZ, RICHARD G II		NAME		
STREET ADDRESS	880 CARILLON PKWY		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
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: 		Richard B. Franz, II		APR 0 8 2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
				727-567-3800	



04022004 Chg-P CR2E034 (10/03)

*Handwritten initials/signature*