

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 341815

**Entity Name:** RAYMOND JAMES & ASSOCIATES, INC.

**Current Principal Place of Business:**

880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716 US

**FEI Number:** 59-1237041

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ELWYN, TASHTEGO S.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title SECRETARY  
Name SANTELLI, JONATHAN N.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title CHIEF EXECUTIVE OFFICER AND PRESIDENT  
Name ELWYN, TASHTEGO S.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title TREASURER  
Name SHOUKRY, PAUL M.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name BUNN, JAMES E.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name CURTIS, SCOTT A.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name FRULAND, ERIK  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name HELAL, TAREK M.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHOUKRY, PAUL M.

**TREASURER**

**02/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SICKLING, JAMES P.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name AULETTA, SUZANNE E.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name RUST, KEITH "GREG"  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name SHOUKRY, PAUL M.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name AULETTA, SUZANNE E.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716