

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90046 018 ***150.00

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DOCUMENT # F03000001845					
1. Entity Name BROWN & BROWN INSURANCE OF GEORGIA, INC.					
Principal Place of Business 1117 PERIMETER CENTER WEST STE. N-400 ATLANTA, GA 30338			Mailing Address 1117 PERIMETER CENTER WEST STE. N-400 ATLANTA, GA 30338		
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 58-0840189	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name	
				Street Address (P O Box Number is Not Acceptable)	
				City	FL 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOWNES, LINDA		NAME		
STREET ADDRESS	401 E. JACKSON ST., STE. 1700		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	TVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALKER, CORY T		NAME		
STREET ADDRESS	220 SOUTH RIDGEWOOD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAMMIG, LAUREL L		NAME		
STREET ADDRESS	401 E. JACKSON STREET, SUITE 1700		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONEGAN, THOMAS M. JR.		NAME		
STREET ADDRESS	401 E. JACKSON STREET, SUITE 1700		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUFFMAN, ROCKY		NAME		
STREET ADDRESS	1117 PERIMETER CENTER WEST, SUITE N-400		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		CITY-ST-ZIP		
TITLE	SEVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YAWN, A. DES		NAME		
STREET ADDRESS	1117 PERIMETER CENTER WEST, SUITE N-400		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30338		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: <i>Laurel L. Grammig</i>			LAUREL L. GRAMMIG 2/7/05 813-222-4277		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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ATTACHMENT
BROWN & BROWN INSURANCE OF GEORGIA, INC.
OFFICERS AND DIRECTORS

<u>Name</u>	<u>Office</u>
Linda S. Downs 401 E. Jackson St., Ste. 1700 Tampa, FL 33602	Director/President
A. Des Yawn 1117 Perimeter Center W., Ste. N-400 Atlanta, GA 30338	Senior Executive Vice President
Rocky Huffman 2900 Marietta Highway Canton, GA 30114	Executive Vice President
James Dorsett 1117 Perimeter Center W., Ste. N-400 Atlanta, GA 30338	Executive Vice President
Mike Price 1117 Perimeter Center W., Ste. N-400 Atlanta, GA 30338	Executive Vice President
Paula Marshall 1117 Perimeter Center W., Ste. N-400 Atlanta, GA 30338	Assistant Vice President
Julia McLaughlin 1117 Perimeter Center W., Ste. N-400 Atlanta, GA 30338	Assistant Vice President
Debra Stone 1117 Perimeter Center W., Ste. N-400 Atlanta, GA 30338	Assistant Vice President
Laurel L. Grammig 401 E. Jackson St., Ste. 1700 Tampa, FL 33602	Vice President/Secretary
Thomas M. Donegan, Jr. 401 E. Jackson St., Ste. 1700 Tampa, FL 33602	Vice President/Assistant Secretary
Cory T. Walker 220 S. Ridgewood Ave. Daytona Beach, FL 32114	Treasurer
Linda Slafta 1117 Perimeter Center W., Ste. N-400 Atlanta, GA 30338	Senior Vice President/Operations Manager