2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004848

Entity Name: BROWN & BROWN OF CALIFORNIA, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
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681 SOUTH PARKER STREET ORANGE, CA 92868				681 SOUTH PARKER STREET SUITE 200 ORANGE, CA 92868		
Current Mailing Address:				New Mailing Address:		
681 SOUTH PARKER STREET ORANGE, CA 92863				681 SOUTH PARKER STREET SUITE 200 ORANGE, CA 92868		
FEI Number	: 94-3163572	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:		Name and Addres	ss of New Registered Agent:	
1201 HAYS TALLAHAS	S STREET SSEE, FL 320		ournose c	f changing its regist	tered office or registered agent, or both,	
	e of Florida.	Submits this statement for the p	nui pose o	r changing its regist	lered office of registered agent, or both,	
SIGNATU						
	Electro	nic Signature of Registered Age	∍nt		Date	
Election Car	mpaign Financiı	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	KIRK, KENNE	CENTRAL AVENUE, SUITE 1600		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MASTERS, KE	ER STREET, SUITE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GRAMMIG, LA	, JR. BOULEVARD, SUITE 400		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DONEGAN, JF) Delete R., THOMAS M , JR. BOULEVARD, SUITE 400 3607		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WALKER, CO 220 SOUTH R) Delete RY T IDGEWOOD AVENUE ACH, FL 32114		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	HENDERSON 220 SOUTH R) Delete , JAMES W IDGEWOOD AVENUE ACH, FL 32114		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG S 04/24/2008