

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006185

FILED
Jan 23, 2006
Secretary of State

Entity Name: BROWN & BROWN OF WASHINGTON, INC.

Current Principal Place of Business:

1301 A STREET, SUITE 200
TACOMA, WA 98402

New Principal Place of Business:

Current Mailing Address:

1301 A STREET, SUITE 200
TACOMA, WA 98402

New Mailing Address:

FEI Number: 91-0378940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIRK, KEN
Address: 2800 N. CENTRAL AVE., SUITE 1600
City-St-Zip: PHOENIX, AZ 85004

Title: V () Delete
Name: MARTINS, JEFF
Address: 2101 4TH AVE., SUITE 600
City-St-Zip: SEATTLE, WA 98124

Title: VS () Delete
Name: GRAMMIG, LAUREL S
Address: 401 E. JACKSON STREET, SUITE 1700
City-St-Zip: TAMPA, FL 33602

Title: VAS () Delete
Name: DONEGAN, THOMAS M JR.
Address: 401 E. JACKSON STREET, SUITE 1700
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: WALKER, CORY T
Address: 220 SOUTH RIDGEWOOD AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELE WILSON

ADM

01/23/2006

Electronic Signature of Signing Officer or Director

_____ Date