

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005703

1. Entity Name
BROWN & BROWN OF WISCONSIN, INC.



Principal Place of Business
**400 SILVER STREET
HURLEY, WI 54534**

Mailing Address
**400 SILVER STREET
HURLEY, WI 54534**

U00000588866

01/17/07-80097-023 150.00



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4408480

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PENNY, J SCOTT
STREET ADDRESS	3077 E 98TH STREET SUITE 150
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	VP
NAME	WIITA, JOHN R
STREET ADDRESS	400 SILVER STREET
CITY-ST-ZIP	HURLEY, WI 54534
TITLE	VP
NAME	CONNOLLY, JOHN F III
STREET ADDRESS	400 SILVER STREET
CITY-ST-ZIP	HURLEY, WI 54534
TITLE	VS
NAME	GRAMMIG, LAUREL L
STREET ADDRESS	3101 W MARTIN LUTHER KING JR BLVD SUITE400
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VPS
NAME	DONEGAN, THOMAS M JR
STREET ADDRESS	3101 W MARTIN LUTHER KING JR BLVD SUITE400
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VP
NAME	WALKER, CORY T
STREET ADDRESS	220 S RIDGEWOOD AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07

715-561-4487

Daytime Phone #