

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006685

FILED
Apr 25, 2012
Secretary of State

Entity Name: BROWN & BROWN INSURANCE OF NEVADA, INC.

Current Principal Place of Business:

975 KELLY JOHNSON DRIVE
SUITE 100
LAS VEGAS, NV 89119

New Principal Place of Business:

Current Mailing Address:

975 KELLY JOHNSON DRIVE
SUITE 100
LAS VEGAS, NV 89119

New Mailing Address:

FEI Number: 88-0480358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: DC
Name: BRIDGES, C ROY
Address: 3101 W DR MARTIN LUTHER KING, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: P
Name: LESTER, DAVID B
Address: 975 KELLY JOHNSON DRIVE, SUITE 100
City-St-Zip: LAS VEGAS, NV 89119

Title: T
Name: SANDERS, MICHELE
Address: 2800 N CENTRAL AVENUE, SUITE 1600
City-St-Zip: PHOENIX, AZ 85004

Title: VS
Name: GRAMMIG, LAUREL L
Address: 3101 W DR MARTIN LUTHER KING, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: V
Name: WALKER, CORY T
Address: 220 S RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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: LAUREL L GRAMMIG

VS

04/25/2012

Electronic Signature of Signing Officer or Director

Date