

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000165631</b>		
1. Entity Name <b>BROWN &amp; BROWN SERVICES, INC.</b>		
Principal Place of Business <b>1952 PRUITT ST. LEESBURG, FL 34748</b>		Mailing Address <b>P.O. BOX 2206 LEESBURG, FL 34748</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		03072007 No Chg-P CR2E034 (11/05)
4. FEI Number <b>20-1964567</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>BROWN, ANDREW 1952 PRUITT ST. LEESBURG, FL 34748</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BROWN, ANDREW P.O. BOX 2206 LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD BROWN, ARTIS P.O. BOX 2206 LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BROWN, GALE P.O. BOX 2206 LEESBURG, FL 34748	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: <u>Andrew Brown</u> <u>Andrew Brown</u> <u>3/8/07</u> <u>352-787-2298</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		