2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000088809

1. Entity Name

BROWN AND BROWN ATTORNEYS AT LAW, P.A.



FILED Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1102 E TENNESSEE ST TALLAHASSEE, FL 32038 1102 E TENNESSEE ST

TALLAHASSEE, FL 32038

US



DO NOT WRITE IN THIS SPACE

04192006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3216241

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, THOMAS J 1102 E TENNESSEE ST TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent.	jurpose of changing its registered o	lfice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title i	i applicable (NOTE, Registered Age	nt signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE Name Street address City-St-Zip	PTD BROWN, THOMAS J 1510 HIGHLAND DR TALLAHASSEE, FL 32311				U00000520331 05/02/06-80090-018 158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BROWN, HUBERT R 1962 SETTING SUN TRAIL TALLAHASSEE, FL 32303				05/02/06-80090-018 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
ITTLE NAME STREET ADORESS CITY-ST-ZIP			IN THIS SPACE		
HTLE HAME STREET ADDRESS CHY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and pourtate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver or true fee emphasized becaute 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 of the autress, with provider the emphasized.

SIGNATURE

TATLE NAME STREET ADDRESS CITY-ST-ZIP

AMA Thomas J. Brown FSIGNING OFF BER OF DIRECTOR

19/06 (850) 224-2800 Daystrie Phone 4