


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 276259**  
1. Entity Name  
**PARKWAY MORTGAGE COMPANY, INC.**



Principal Place of Business      Mailing Address  
201 ALHAMBRA CIR      201 ALHAMBRA CIR  
12TH FLR      12TH FLR  
CORAL GABLES, FL 33134-5102      CORAL GABLES, FL 33134-5102



**DO NOT WRITE IN THIS SPACE**

03292006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1031613</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
KERRIGAN, JUANITA I  
201 ALHAMBRA CIR  
12TH FLR  
CORAL GABLES, FL 33134

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.        **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMA, MICHAEL 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GETMAN, DENNIS J. 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAIRY, CHARLES 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERRIGAN, JUANITA I. 201 ALHAMBRA CIR- 12TH FLR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000555091  
05/16/06-80021-003 158.75

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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: By: Juanita I. Kerrigan, Secretary      4/24/06    (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**JUANITA I. KERRIGAN**