

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90065 031 \*\*\*158.75

**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

40104144



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04042007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 59-1031613      Not Applicable

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

**6. Name and Address of Current Registered Agent**

KERRIGAN, JUANITA I  
 201 ALHAMBRA CIR  
 12TH FLR  
 CORAL GABLES, FL 33134

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	T	<input type="checkbox"/> Delete
NAME	RAMA, MICHAEL	
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GETMAN, DENNIS J.	
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCAIRY, CHARLES	
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KERRIGAN, JUANITA I.	
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLETCHER, PATRICIA K.	
STREET ADDRESS	201 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Juanita I. Kerrigan* Secretary      4/25/07      (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 JUANITA I. KERRIGAN