

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90084 003 ***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**

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

40088674



04012008 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		7. Name and Address of New Registered Agent	
KERRIGAN, JUANITA I 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134		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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: RAMA, MICHAEL STREET ADDRESS: 201 ALHAMBRA CIR- 12TH FLR CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV NAME: GETMAN, DENNIS J. STREET ADDRESS: 201 ALHAMBRA CIR- 12TH FLR CITY-ST-ZIP: CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	VD NAME: KOTLER, RANDY L. STREET ADDRESS: 201 ALHAMBRA CIR 12 FL CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD NAME: MCNAIRY, CHARLES STREET ADDRESS: 201 ALHAMBRA CIR- 12TH FLR CITY-ST-ZIP: CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	PD NAME: LEVY, MICHAEL STREET ADDRESS: 201 ALHAMBRA CIR, 12 FL CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD NAME: KERRIGAN, JUANITA I. STREET ADDRESS: 201 ALHAMBRA CIR- 12TH FLR CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: FLETCHER, PATRICIA K STREET ADDRESS: 201 ALHAMBRA CIR CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date: 4/18/08 Daytime Phone #: (305) 442-7000