


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000004640**


1. Entity Name  
**CMH PARKS, INC.**



Principal Place of Business  
**5000 CLAYTON ROAD**  
**MARYVILLE, TN 37804 US**

Mailing Address  
**PO BOX 4098**  
**MARYVILLE, TN 37802 US**

**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>62-1362749</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION, FL 33324**

**DO NOT WRITE 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)

**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

00000062518  
 02/15/07-80023-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO CLAYTON, KEVIN T 5000 CLAYTON ROAD MARYVILLE, TN 37804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUPACS, AMBER 5000 CLAYTON RD MARYVILLE, TN 37804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, ALLEN 5000 CLAYTON RD MARYVILLE, TN 37804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUTHERFORD, MIKE 5000 CLAYTON RD MARYVILLE, TN 37804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:**  **Mike Rutherford** 2/1/07 **865 380 3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #