


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000004640 1. Entity Name CMH PARKS, INC.	
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Principal Place of Business 5000 CLAYTON ROAD MARYVILLE, TN 37804 US	Mailing Address PO BOX 4098 MARYVILLE, TN 37802 US
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04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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
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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.

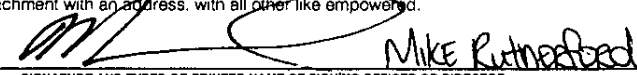
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000926631 05/20/08-80074-007 150.00
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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** **4/22/08** **(865)380-3000**

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