

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 03, 2008 8:00 am**  
**Secretary of State**

09-03-2008 90004 028 \*\*\*550.00

**DOCUMENT # F06000003369**

1. Entity Name  
CMH FLOORING PRODUCTS, INC.



Principal Place of Business

HIGHWAY 74 WEST  
WADESBORO, NC 28170

Mailing Address

PO BOX 919  
WADESBORO, NC 28170-0919

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
56-1647266

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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)

DATE

**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

TITLE CS  
NAME LANNING, HOY  
STREET ADDRESS PO BOX 1083  
CITY-ST-ZIP WADESBORO, NC 28170

TITLE P  
NAME HAIGH, MARSDEN  
STREET ADDRESS PO BOX 1083  
CITY-ST-ZIP WADESBORO, NC 28170

TITLE VC  
NAME CAPELL, JOHN H  
STREET ADDRESS PO BOX 1083  
CITY-ST-ZIP WADESBORO, NC 28170

TITLE VC  
NAME CAPELL, KERRY L  
STREET ADDRESS PO BOX 1083  
CITY-ST-ZIP WADESBORO, NC 28170

TITLE D  
NAME MCLEOD, ALEX  
STREET ADDRESS PO BOX 1083  
CITY-ST-ZIP WADESBORO, NC 28170

TITLE CEO  
NAME LANNING, HOY  
STREET ADDRESS PO BOX 1083  
CITY-ST-ZIP WADESBORO, NC 28170

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/08 704-694-6213