

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90025 009 \*\*\*150.00

<b>DOCUMENT # P02000082402</b> 1. Entity Name <b>CMH HOLDINGS, INC.</b>					
Principal Place of Business <b>8026 LAKE JAMES BLVD. LAKELAND, FL 33810</b>			Mailing Address <b>8026 LAKE JAMES BLVD. LAKELAND, FL 33810</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>52-2369926</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01032007    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>KOTEEN, MARK A 3100 CLAY AVE STE 177 ORLANDO, FL 32804</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HODGE, SAMMY O 5123 HIGHLANDS LAKEVIEW LOOP LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8026 Lake James Blvd Lakeland, FL 33810</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARSHALL, GEORGE 806 MILES AVE WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Sammy Hodge 38 Signal Cove Chester, AL 36043</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PHARRIS, LINDA K 3849 MANTEO CIRCLE ORLANDO, FL 32837 <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		
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.					
<b>SIGNATURE:</b> <i>Sammy O. Hodge</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>2-12-07</b> <b>863-646-0395</b> Date      Daytime Phone #			