2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04998

1. Entity Name
CMH HOMES, INC.

Principal Place of Business	Mailing Address
5000 CLAYTON ROAD MARYVILLE, TN 37804 US	P O BOX 4098 MARYVILLE, TN 37802 US

04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1225153
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ 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

U00000926632
05/20/08-80074-008: 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRUPACS, AMBER
STREET ADDRESS	5000 CLAYTON ROAD
CITY-ST-ZIP	MARYVILLE, TN 37804
TITLE	PD
NAME	BOOTH, DAVID
STREET ADDRESS	5000 CLAYTON ROAD
CITY-ST-ZIP	MARYVILLE, TN 37804
TITLE	DC
NAME	CLAYTON, KEVIN
STREET ADDRESS	5000 CLAYTON ROAD
CITY-ST-ZIP	MARYVILLE, TN 37804
TITLE	S
NAME	STATUM, HUGH III
STREET ADDRESS	5000 CLAYTON ROAD
CITY-ST-ZIP	MARYVILLE, TN 37804
TITLE	AS
NAME	JORDAN, DAVID
STREET ADDRESS	5000 CLAYTON RD
CITY-ST-ZIP	MARYVILLE, TN 37804
TITLE	AS
NAME	BRENNER, TOM
STREET ADDRESS	5000 CLAYTON ROAD
CITY-ST-ZIP	MARYVILLE, TN 37804

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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: David Joeden 4/22/2008 (865)380-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #