2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04998 1. Entity Name CMH HOMES, INC.											6 PH 4:	_	
Principal Place 5000 CLAYTO MARYVILLE,	illing Address O BOX 4098 ARYVILLE, TN 37802 US			11361330111	TALL	AHASSI	OF STATEE, FLOR	IDA					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				12092008	Chg-P	CR2E	034 (12/06)		
City & State				City & State				4. FEI Numb 62-122				plied For t Applicable	
Zip	Country		7	Zip Cou		try		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current I				Registered Agent			7. Name and Address of New Registered Agent						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324						Name Street Ad	Address (P.O. Box Number is Not Acceptable)						
					City	FL Zip				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.												and accept	
SIGNATURE													
Amended AR is \$61.25 9. Election Campaign Financing \$5 Trust Fund Contribution. Ad								00 May Be ed to Fees					
10. OFFICERS AND				DIRECTORS 11.				ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete KRUPACS, AMBER 5000 CLAYTON ROAD MARYVILLE, TN 37804					E E EET ADDRESS -ST-ZIP		1 (12/10	00139 (6/080103)	9 70 8004	□ Change 331 **61.	Addition 25	
TITLE NAME	PD BOOTH, I			☐ Delete	TITL NAM	E					☐ Change	☐ Addition	
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TITLE NAME	DC Delete TITI										Change	Addition	
STREET ADDRESS CITY-ST-ZIP	5000 CLAYTON ROAD s					ET ADDRESS -ST-ZIP						1	
TITLE NAME	S Delete STATUM, HUGH III				TITL	I .	5eg	reta	54 h 410	ce	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5000 CLAYTON ROAD STRE					ET ADDRESS -ST-ZIP	Sta	atum,	Hugh	111			
TITLE NAME	AS Delete					<u>.</u>					Change	Addition	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						İ	
TITLE NAME	AS Delete TITE BRENNER, TOM NAM								5.114 O. E. T. I.		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP													
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													