

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

01-16-2007 90258 010 ***150.00

DOCUMENT # P05000037465					
1. Entity Name C F M HOMES, INC.					
Principal Place of Business 460 LAKE DENTON ROAD AVON PARK, FL 33825			Mailing Address 460 LAKE DENTON ROAD AVON PARK, FL 33825		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3625 Valerie Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Sebring			
City & State		City & State Florida			
Zip	Country	Zip 33870	Country Highlands	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RHOADES, CLIFFORD R 2141 LAKEVIEW DRIVE SEBRING, FL 33870			7. Name and Address of New Registered Agent Name: CHRIS OR JULIA MILLER Street Address (P.O. Box Number is Not Acceptable): 3625 VALERIE BLVD. City: Sebring, FL Zip Code: 33870		
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: <u>Julia Miller</u> DATE: <u>1-10-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, CHRIS 460 LAKE DENTON ROAD AVON PARK, FL 33825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MILLER, CHRIS 460 LAKE DENTON ROAD AVON PARK, FL 33825	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Chris Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2-20-07</u> Daytime Phone #: <u>863-385-8542</u>		