2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P40352

1. Entity Name
CMH MANUFACTURING, INC.

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

03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1585294
☐ 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

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000276203
03/25/05-80026-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRACHAN, RICHARD
STREET ADDRESS	5000 CLAYTON RD.
CITY-ST-ZIP	MARYVILLE, TN 37804
TITLE	DC
NAME	CLAYTON, KEVIN T
STREET ADDRESS	5000 CLAYTON RD.
CITY-ST-ZIP	MARYVILLE, TN 37804
TITLE	D
NAME	KRUPACS, AMBER
STREET ADDRESS	5000 CLAYTON RD.
CITY-ST-ZIP	MARYVILLE, TN 37804
TITLE	S
NAME	POTTS, LANGDON
STREET ADDRESS	5000 CLAYTON RD.
CITY-ST-ZIP	MARYVILLE, TN 37804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Langdon Potts 3/23/05 865-380-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #