

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000156166

1. Entity Name
COMANCO ENVIRONMENTAL CONSTRUCTION, INC.



Principal Place of Business
7911 PROFESSIONAL PLACE
TAMPA, FL 33637

Mailing Address
7911 PROFESSIONAL PLACE
TAMPA, FL 33637



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2137516	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, TRACY R
7911 PROFESSIONAL PLACE
TAMPA, FL 33637

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U00000135821
01/28/05 00003 000 150.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADKINS, RANDY
STREET ADDRESS	7911 PROFESSIONAL PLACE
CITY-ST-ZIP	TAMPA, FL 33637

TITLE	D
NAME	JOHNSON, TRACY R
STREET ADDRESS	7911 PROFESSIONAL PLACE
CITY-ST-ZIP	TAMPA, FL 33637

TITLE	D
NAME	TOPP, MARK A
STREET ADDRESS	7911 PROFESSIONAL PLACE
CITY-ST-ZIP	TAMPA, FL 33637

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Tracy R. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05
Date

813 988 8829
Daytime Phone #