2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000156169 1. Entity Name FILED COMANCO ENVIRONMENTAL SERVICES, INC. 07 JUL 12 PM 1:31 Mailing Address Principal Place of Business 4301 STERLING COMMERCE DRIVE 4301 STERLING COMMERCE DRIVE PLANT CITY, FL 33566 PLANT CITY, FL 33566 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Stite, Apt. #, etc. Suite, Apt. #, etc. 07102007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 54-2137514 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, TRACY R Street Address (P.O. Box Number is Not Acceptable) 4301 STERLING COMMERCE DRIVE PLANT CITY, FL 33566 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. **PRES** Change ☐ Addition X Delete TITLE TITLE 100106409 FORE, CHRISTOPHER P NAME NAME 07/19/07--01058--0<u>0</u>4 4301 STERLING COMMERCE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33566 CITY-ST-ZIP Pres Pryor, Jeryl 4301 Sterling Commerce Dr. Plant City, FL. 33566 VICE ☐ Delete TITLE **X** Change ■ Addition TITLE PRYOR, JERYL NAME NAME STREET ADDRESS 4301 STERLING COMMERCE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 33566 Change ☐ Addition TITLE ☐ Delete TITLE TOPP, MARK A NAME NAME 4301 STERLING COMMERCE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33566 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

813-988-8829

Mark A. Topp

SIGNATURE AND PROPERTY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: