

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No.	ng Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 1D No. 2. Exact name of the Corporation					
000126023	;	Comanco Environmental Corporation				
3. Principal office address 4301 Sterling Commerce Drive			City Plant City	State FL	Zip 33566-7372	
4. Business Phone No. 813-988-8829			5. State of Incorporation FL			
5. Brief description of the chara ENVIRONMENTAL PR						
7. LIST ALL OFFICERS (NAM	IES AND ADDRESS	SES) ("X" BOX FOR A	TTACHMENT)			
President Name Mark A. Topp			Vice-President Name Artemas L Holmes III			
Street Address 4301 Sterling Commerce Dr			Street Address 4301 Sterling Commerce Dr			
City Plant City	State FL	Zip 33566-7372	City Plant City	State FL	Zip 33566-7372	
Secretary Name Thomas M Topp			Treasurer Name Gregory Kimble			
Street Address 4301 Sterling Commerce Dr			Street Address 4301 Sterling Commerce Dr			
City Plant City	State FL	Zip 33566-7372	City Plant City	State FL	Zip 33566-7372	
B, LIST <u>ALL</u> DIRECTORS (NA	MES AND ADDRES	SSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Mark A. Topp			Director Name			
Street Address 4301 Sterling Commerce Dr			Street Address Street Address			
City Plant City	State FL	Zip 33566-7372	City	State	ZIGO AARY	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZED			10. SHARES ISSUE	D ("X" BOX FOR ATTAC		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			42,051	STK	\$.01	
This report must be executed		poration by an authoria	od soprogentative If the	expectation in in the base	do of a ropolitor as trustee	
rnis report must be executed (,	ed representative, if the the corporation by the	•	us or a receiver or trustee,	
File Date			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements and that all statements contained herein are true and correct.			
Check No)		Samuel Horelling		
By:	1:0°	FILED	Signature of Autho Gregory Kimb	rized Representative	Date	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Representative			
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Revised: 01/2012

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