

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000023011

**Entity Name:** DUN-RITE LANDSCAPES INC.**Current Principal Place of Business:**8563 SHADOW WOOD BLVD.  
CORAL SPRINGS, FL 33071**Current Mailing Address:**8563 SHADOW WOOD BLVD.  
CORAL SPRINGS, FL 33071 US**FEI Number:** 46-2316833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMADON, CHRISTOPHER M  
8563 SHADOW WOOD BLVD.  
CORAL SPRINGS, FL 33071 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | P                      |
| Name            | AMADON, CHRISTOPHER M  |
| Address         | 8563 SHADOW WOOD BLVD. |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

|                 |                        |
|-----------------|------------------------|
| Title           | TRES                   |
| Name            | AMADON, CHRISTOPHER M  |
| Address         | 8563 SHADOW WOOD BLVD. |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | AMADON, AMY J          |
| Address         | 8563 SHADOW WOOD BLVD. |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

|                 |                        |
|-----------------|------------------------|
| Title           | SEC                    |
| Name            | AMADON, AMY J          |
| Address         | 8563 SHADOW WOOD BLVD. |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER AMADON

PRESIDENT

03/12/2023

Electronic Signature of Signing Officer/Director Detail

Date