

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000066503

**Entity Name:** DONE RITE HAULING ENTERPRISES, INC

**Current Principal Place of Business:**

10921 ENDEAVOR WAY  
UNIT A3  
SEMINOLE, FL 33777

**Current Mailing Address:**

PO BOX 3683  
SEMINOLE, FL 33775 US

**FEI Number: 80-0839410**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCELENY, PAMELA L  
9820 121 ST  
SEMINOLE, FL 33772 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 MCELENY, PAMELA L  
Address 9820 121 ST  
City-State-Zip: SEMINOLE FL 33772

Title CFO  
Name MCELENY, NATHAN  
Address 9820 121 ST  
City-State-Zip: SEMINOLE FL 33772

Title S  
Name MCELENY, CAITLIN  
Address 9820 121 ST  
City-State-Zip: SEMINOLE FL 33772

Title V  
Name MCELENY, SPENCER  
Address 9820 121ST STREET  
City-State-Zip: SEMINOLE FL 33772

Title S  
Name RILEY, CHRISTOPHER  
Address 8480 55TH WAY N  
City-State-Zip: PINELLAS PARK FL 33781

*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: PAMELA MCELENY**

**PRESIDENT**

**03/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date