

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005028

Entity Name: YELLOWSTONE LANDSCAPE, INC.**Current Principal Place of Business:**3235 N. STATE STREET
P O BOX 849
BUNNELL, FL 32110**Current Mailing Address:**3235 N. STATE STREET
P O BOX 849
BUNNELL, FL 32110 US**FEI Number:** 80-0144209**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT, CEO, DIRECTOR
Name PORTLAND, TIMOTHY
Address P O BOX 849
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR
Name PERRY, CHRIS
Address 3235 N. STATE STREET
 P O BOX 849
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR
Name POTTERS, DOUG
Address 3235 N. STATE STREET
 P O BOX 849
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR
Name COMPALL, JOHN
Address 3235 N. STATE STREET
 P O BOX 849
City-State-Zip: BUNNELL FL 32110

Title DIRECTOR
Name THARRINGTON, OWEN
Address 3235 N. STATE STREET
 P O BOX 849
City-State-Zip: BUNNELL FL 32110

Title VP, CONTROLLER, ASSISTANT
 TREASURER, SECRETARY
Name ADORNETTI, CHRIS
Address P O BOX 849
City-State-Zip: BUNNELL FL 32110

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: CHRIS ADORNETTI**SECRETARY****04/23/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date