

**2024 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, DIRECTOR  
Name            LAMBERTON, HARRY  
Address        3235 N. STATE STREET  
                  P O BOX 849  
City-State-Zip: BUNNELL FL 32110

Title            SECRETARY, TREASURER  
Name            ADORNETTI, CHRISTOPHER  
Address        3235 N. STATE STREET  
                  P O BOX 849  
City-State-Zip: BUNNELL FL 32110

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

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

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

Title            DIRECTOR  
Name            PORTLAND, TIMOTHY  
Address        3235 N. STATE STREET  
                  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:** CHRISTOPHER ADORNETTI

**SECRETARY**

**03/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date