## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000019387

Title:

Name:

Address:

City-St-Zip:

VP2

COWAN, BETTY

**DAVIE, FL 33024** 

(X) Delete

7612 S. STONECREEK CIRCLE

**FILED** Nov 11, 2008 Secretary of State

Entity Name: ISLAND VIBZ LANDSCAPING, INC. **Current Principal Place of Business: New Principal Place of Business:** 7612 S. STONECREEK CIRCLE DAVIE, FL 33024 **Current Mailing Address: New Mailing Address:** 7612 S. STONECREEK CIRCLE DAVIE, FL 33024 FEI Number: 20-2328079 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNOTT, DONNAREE 7612 S. STONECREEK CIRCLE DAVIE, FL 33024 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KNOTT, RICHARD Name: Name: 7612 S. STONECREEK CIRCLE Address: Address: City-St-Zip: **DAVIE, FL 33024** City-St-Zip: Title: VP1 Title: () Delete (X) Change ( ) Addition KNOTT, DONNAREE Name: Name: KNOTT, DONNAREE 7612 S. STONECREEK CIRCLE 7612 S. STONECREEK CIRCLE Address: Address: **DAVIE, FL 33024** City-St-Zip: DAVIE, FL 33024 City-St-Zip: Title: Title: ( ) Delete () Change () Addition KNOTT, DONNAREE Name: Name: 7612 S. STONECREEK CIRCLE Address: Address: City-St-Zip: **DAVIE, FL 33024** City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: DONNAREE KNOTT 11/11/2008

() Change () Addition