

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000019387**

1. Entity Name

ISLAND VIBZ LANDSCAPING, INC.



Principal Place of Business

114 NW 109TH AVE APT 101  
PEMBROKE PINES, FL 33026

Mailing Address

114 NW 109TH AVE APT 101  
PEMBROKE PINES, FL 33026



04032008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2328079

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNOTT, DONNAREE  
114 NW 109TH AVE APT. 101  
PEMBROOKE PINES, FL 33026

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Donnaree Knott (VP)*

*4-3-08*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNOTT, RICHARD
STREET ADDRESS	114 NW 109TH AVE APT 101
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	VP
NAME	KNOTT, DONNAREE
STREET ADDRESS	114 NW 109TH AVE #101
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	ST
NAME	KNOTT, DONNAREE
STREET ADDRESS	114 NW 109TH AVE #101
CITY-ST-ZIP	PEMBROOKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000885963  
04/18/08-80035-013 8.75

U000000885963  
04/18/08-80035-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Donnaree Knott (VP)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-3-08 954-864-8549*

Date

Daytime Phone #