




FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90226 004 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000078495		
1. Entity Name MURRAY'S TREE SERVICE, INC.		
Principal Place of Business 1309 47TH AVE N ST PETERSBURG, FL 33703		Mailing Address 1309 47TH AVE N ST PETERSBURG, FL 33703
DO NOT WRITE IN THIS SPACE		
03162008 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-3735296		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MURRAY, TIMOTHY C 1309 47TH AVE N ST PETERSBURG, FL 33703		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	MURRAY, TIMOTHY C	
STREET ADDRESS	1309 49TH AVE N	
CITY- ST- ZIP	SAINT PETERSBURG, FL 33703	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		33108
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>