

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # V64156**

1. Entity Name

J. MUSGROVE TREE SERVICE, INC.



Principal Place of Business

9381 C.R. 136  
LIVE OAK, FL 32060 US

Mailing Address

9381 C.R. 136  
LIVE OAK, FL 32060 US



04102008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3149938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MUSGROVE, GLENDA B  
9381 C.R. 136  
LIVE OAK, FL 32060

**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

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

U00000908803  
05/06/08-80045-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MUSGROVE, JAMIE K.
STREET ADDRESS	9381 C.R. 136
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	VS
NAME	MUSGROVE, GLENDA B.
STREET ADDRESS	9381 C.R. 136
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Glenda B Musgrove VS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-19-08*

Date

*386-364-5687*

Daytime Phone #