

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000007178

Entity Name: HUFFMAN TREE SERVICE, INC.**Current Principal Place of Business:**2091 SALLAS LANE
ATLANTIC BEACH, FL 32233**Current Mailing Address:**P.O. BOX 50372
JACKSONVILLE BEACH, FL 32240**FEI Number:** 59-3633924**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUFFMAN, ROBERT M
2091 SALLAS LANE
ATLANTIC BEACH, FL 32233 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	DIRECTOR	Title	MANAGER
Name	HUFFMAN, ROBERT M	Name	KAMPS-HUFFMAN, RACHEL CAMELA
Address	2091 SALLAS LANE	Address	2091 SALLAS LANE
City-State-Zip:	ATLANTIC BEACH FL 32233	City-State-Zip:	ATLANTIC BEACH FL 32233
Title	MANAGER		
Name	KAMPS, LUKE NATHAN		
Address	2250 PARENTAL HOME ROAD		
City-State-Zip:	JACKSONVILLE FL 32216		

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: ROBERT MICHAEL HUFFMAN

DIRECTOR

01/26/2023

Electronic Signature of Signing Officer/Director Detail_____
Date