

**2024 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  
Name HUFFMAN, ROBERT M  
Address 2091 SALLAS LANE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title MANAGER  
Name KAMPS-HUFFMAN, RACHEL CAMELA  
Address 2091 SALLAS LANE  
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

MANAGER

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date