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# ANNUAL REPORT

Secretary of State  
500 E. Capitol Ave  
Pierre, SD 57501-5070  
(605) 773-4845

Domestic Business Corporation  
SDCL 59-11-24, 24.1

Filing Fee: \$50

**2021**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

Total Fee: \$50

1. Business ID and Name:

**DF023253**  
BUSINESS ID

**DAVID HUFFMAN FARM ENTERPRISES, INC.**  
BUSINESS NAME

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address):

Actual Street Address

**3607 2ND AVE  
SELBY, SD 57472**

Mailing Address

**PO BOX 217  
SELBY, SD 57472-0217**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office holder.

(a) The South Dakota Noncommercial Registered Agent's name

Name **DAVID M. HUFFMAN**

Actual Street Address in this State

**3607 2ND AVE  
SELBY, SD 57472**

Mailing Address in this State

**PO BOX 217  
SELBY, SD 57472-0217**

5. The names and business addresses of its principal officers.

Title	Name	Address
President	DAVID M HUFFMAN	PO BOX 217, SELBY, SD, 57472
Treasurer	TANYA L HUFFMAN	PO BOX 217, SELBY, SD, 57472
Secretary	TANYA L HUFFMAN	PO BOX 217, SELBY, SD, 57472

6. The names and business addresses of its directors (governors).

Name	Address
David M Huffman	PO Box 217, Selby, SD 57472
Tanya L Huffman	PO Box 217, Selby, SD 57472

7. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

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No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

02/19/2021

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Email (Optional)

*Tanya Huffman*

\_\_\_\_\_  
Signature of an Authorized Person

Tanya Huffman

\_\_\_\_\_  
Printed Name

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