

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 17, 2005  
Secretary of State**

DOCUMENT# P03000141017

Entity Name: DAT WOODWORKING PLACE, INC

**Current Principal Place of Business:**

4015 PINES INDUSTRIAL AVE  
UNIT H  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

4015 PINES INDUSTRIAL AVE  
UNIT H  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 20-0686973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFFMAN, DALE D  
848 PINEVIEW AVE  
ROCKLEDGE, FL 32955      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HOFFMAN, DALE D  
Address: 848 PINEVIEW AVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S      ( ) Delete  
Name: HOFFMAN, PATRICIA F  
Address: 848 PINEVIEW AVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: T      ( ) Delete  
Name: HOFFMAN, DALE D  
Address: 848 PINEVIEW AVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP      ( ) Delete  
Name: HOFFMAN, CHRISTOPHER D  
Address: 302 THIRD STREET  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: HOFFMAN, MICHAEL R  
Address: 1350 GEORGE EDWARDS COURT  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DALE D. HOFFMAN

P

08/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date