

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141017

FILED
Apr 01, 2009
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

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: VP (X) Delete
Name: HOFFMAN, MICHAEL R
Address: 204 CAROLINE STREET APT. 718
City-St-Zip: CAPE CANAVERAL, FL 32920

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: VP (X) Change () Addition
Name: HOFFMAN, MICHAEL R
Address: 1220 CYPRESS BEND CIRCLE
City-St-Zip: MELBOURNE, FL 32954

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date