

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141017

FILED  
Mar 29, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: VP  
Name: HOFFMAN, MICHAEL R  
Address: 3362 ECHO RIDGE PLACE  
City-St-Zip: COCOA, FL 32926

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: DALE D. HOFFMAN

P

03/29/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date