

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000141017

**Entity Name:** DAT WOODWORKING PLACE, INC

**Current Principal Place of Business:**

4015 PINES INDUSTRIAL AVE  
UNIT E  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

4015 PINES INDUSTRIAL AVE  
UNIT E  
ROCKLEDGE, FL 32955

**FEI Number:** 20-0686973

**Certificate of Status Desired:** No

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

HOFFMAN, DALE D  
88 HAMILTON DRIVE  
MERRITT ISLAND, FL 32952 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 P  
Name HOFFMAN, DALE D  
Address 88 HAMILTON DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title T  
Name HOFFMAN, DALE D  
Address 88 HAMILTON DR.  
City-State-Zip: MERRITT ISLAND FL 32952

Title VP  
Name HOFFMAN, MICHAEL R  
Address 88 HAMILTON DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title SECRETARY  
Name HOFFMAN, DALE D  
Address 88 HAMILTON DR.  
City-State-Zip: MERRITT ISLAND FL 32952

*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

**PRESIDENT**

**02/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date