

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S68810

**Entity Name:** THE WOOD-CHUCK WORKSHOP, INC.

**Current Principal Place of Business:**

3311 S. ANDREWS AVE  
BAY # 15  
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

3311 S. ANDREWS AVE  
BAY # 15  
FT.LAUDERDALE, FL 33316 US

**FEI Number:** 65-0273674

**Certificate of Status Desired:** No

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

FICAROTTA, MERRY E  
501 GETTYSBURG TERR  
FORT LAUDERDALE, FL 33325 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 FICAROTTA, CHARLES J  
Address 501 GETTYSBURG TERRACE  
City-State-Zip: PLANTATION FL 33325

Title VP  
Name FICAROTTA, MERRY  
Address 501 GETTYSBURG TERRACE  
City-State-Zip: PLANTATION FL 33325

Title S  
Name FICAROTTA, MERRY  
Address 501 GETTYSBURG TERRACE  
City-State-Zip: PLANTATION FL 33325

Title T  
Name FICAROTTA, MERRY  
Address 501 GETTYSBURG TERRACE  
City-State-Zip: PLANTATION FL 33325

*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:** MERRY FICAROTTA

**V. PRESIDENT**

**01/28/2025**

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

\_\_\_\_\_  
Date