

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

1. Entity Name  
**DRAFTING DESIGN SERVICE, INC.**



Mailing Address  
3035 CYPRESS GARDENS ROAD  
WINTER HAVEN, FL 33884

**DO NOT WRITE IN THIS SPACE**



01052006      No Cho-P      CR2E034 (11/05)

4. FBI Number  
59-2235457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BATAILLE, MICHAEL J  
3035 CYPRESS GARDENS RD  
WINTER HAVEN, FL 33884

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinitiating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

01/11/06-80001-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BATAILLE, MICHAEL
STREET ADDRESS	3035 CYPRESS GARDENS RD
CITY-ST-ZIP	WINTER HAVEN, FL 00000.

TITLE  
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-06 (863) 324-4657  
Date Daytime Phone #