


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # G08233 1. Entity Name DRAFTING DESIGN SERVICE, INC. |  |
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| Principal Place of Business 3035 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884 | Mailing Address 3035 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884 |
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| 4. FEI Number 59-2235457 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BATAILLE, MICHAEL J 3035 CYPRESS GARDENS RD WINTER HAVEN, FL 33884 |
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BATAILLE, MICHAEL 3035 CYPRESS GARDENS RD WINTER HAVEN, FL 00000 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR BOWER, BRUCE 2031 WENTWORTH PLACE WINTER HAVEN, FL 33881 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/25/08-80038-015 150.00

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:  **1-22-08 (863) 324 4657**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #