

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90071 021 \*\*\*150.00

DOCUMENT # P95000071112

1. Entity Name

DESIGNER WINDOWS & DOORS, INC.



Principal Place of Business

2927 HATTERAS WAY  
NAPLES FL 34119  
US

Mailing Address

2927 HATTERAS WAY  
NAPLES FL 34119  
US

50018080



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3573 Enterprise Ave.

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite 99

Suite, Apt. #, etc.

City & State

Naples

City & State

Zip

34104

Country

Collier

Zip

Country

4. FEI Number

65-0620141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

RADTKE, THOMAS J  
780 EAST LAKE DRIVE  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Thomas Radtke*  
Thomas Radtke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-14-2005

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME RADTKE, THOMAS J  
STREET ADDRESS ~~780 EAST LAKE DRIVE~~ 2927 Hatteras Way  
CITY-ST-ZIP ~~NAPLES FL 34102~~ Naples, FL 34119

TITLE SAT ☐ Delete  
NAME RADTKE, ANDREA B  
STREET ADDRESS ~~780 EAST LAKE DRIVE~~ 2927 Hatteras Way  
CITY-ST-ZIP ~~NAPLES FL 34102~~ Naples FL 34119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Andrea B. Radtke*  
Andrea B. Radtke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-2005 239-261-6859

Date

Daytime Phone #