

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H56168

1. Entity Name
RADIUM ACCESSORIES SERVICES COMPANY, INC.



Principal Place of Business
**34 COCO PLUM DRIVE
MARATHON, FL 33050**

Mailing Address
**34 COCO PLUM DRIVE
MARATHON, FL 33050**



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2640811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WRIGHT, THOMAS D.
5701 OVERSEAS HIGHWAY
P.O. BOX 177
MARATHON, FL 33050**

**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 re-registering)

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

**000000474488
04/04/06-80025-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PTD
DANIELSON, REGINA
7 DERRINGWOOD LN
BABYLON, NY 11702**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
DANIELSEN, STEVEN
115 PARK DRIVE
MASTIC BEACH, NY 11951**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
DANIELSON, THOMAS
110 MARINERS WAY
NEW YORK, NY 11326**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
DANIELSON, REGINA
7 DERRINGWOOD LN
BABYLON, NY 11702**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
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 SIGNER OFFICER OR DIRECTOR

3/15/06

Date

Daytime Phone # _____