

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000005226**

1. Entity Name  
CENTRON SECURITY SYSTEMS, INC.



Principal Place of Business  
1545 DEBONAIRE DRIVE  
HOLIDAY, FL 34690 US

Mailing Address  
PO BOX 3426  
HOLIDAY, FL 34690 US



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-2812061 Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KING, KAREN PRES  
7144 GARDEN GROVE LANE  
NEW PORT RICHEY, FL 34652

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PRSE  
NAME KING, KAREN  
STREET ADDRESS 7144 GARDEN GROVE LANE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE TREA  
NAME KING, KRISTEN A  
STREET ADDRESS 5701 VIRGINIA AVENUE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/08/07-80043-002 150.00

**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:**

*Karen King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 727534-3628  
Date Daytime Phone #