

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000005226

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** CENTRON SECURITY SYSTEMS, INC.

**Current Principal Place of Business:**

1545 DEBONAIRE DRIVE  
HOLIDAY, FL 34690 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3426  
HOLIDAY, FL 34690 US

**New Mailing Address:**

PO BOX 3426  
HOLIDAY, FL 34692 US

**FEI Number:** 22-2812061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRSE  
Name: KING, KAREN  
Address: 7144 GARDEN GROVE LANE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TREA  
Name: KING, KRISTEN A  
Address: 5701 VIRGINIA AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN KING

PRES

02/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date