

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005005**

1. Entity Name  
**SECURION CENTRAL CONTROL INC.**



Principal Place of Business  
**12700 PARK CENTRAL DRIVE SUITE 1900  
DALLAS, TX 75251-1506**

Mailing Address  
**12700 PARK CENTRAL DRIVE SUITE 1900  
DALLAS, TX 75251-1506**



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-2487267**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	PEIPER, JEFFREY A
STREET ADDRESS	5109 GILLINGHAM DR.
CITY-ST-ZIP	PLANO, TX 75093
TITLE	PFBS
NAME	LINSCOTT, DANIEL T
STREET ADDRESS	1105 WILDERNESS TRAIL
CITY-ST-ZIP	RICHARDSON, TX 75080
TITLE	V
NAME	CRAIG, HOCK R
STREET ADDRESS	7607 QUEENS GARDEN
CITY-ST-ZIP	DALLAS, TX 75248
TITLE	V
NAME	MICHAEL, FIELDS D
STREET ADDRESS	2717 DONNINGTON DR.
CITY-ST-ZIP	PLANO, TX 75093
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000358969  
05/04/05-80136-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Craig R. Hock  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 972-386-3991  
Date Daytime Phone #