


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000009356</b>	
1. Entity Name <b>LAW ENFORCEMENT CADAVER DOGS, INC.</b>	

Principal Place of Business <b>2410 BOB PHILLIPS ROAD BARTOW, FL 33830</b>	Mailing Address <b>PO BOX 956 BARTOW, FL 33831</b>
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**DO NOT WRITE IN THIS SPACE**



07132007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-3476609</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CALLAHAN, VICKIE L  
2410 BOB PHILLIPS ROAD  
BARTOW, FL 33830**

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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLAHAN, VICKIE L 2410 BOB PHILLIPS ROAD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COGSWELL, BRIAN L 455 N BROADWAY BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LATTIG, MARY 1732 LAGOON CT LAKE LAND, FL 33803
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08/08/07-80002-014 70.00

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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 617, 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:** *Vickie Callahan* *July 16, 07* 863-297-3101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #