

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009356

1. Entity Name

LAW ENFORCEMENT CADAVER DOGS, INC.



**FILED**  
**Sep 05, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2410 BOB PHILLIPS ROAD  
BARTOW, FL 33830

Mailing Address  
PO BOX 956  
BARTOW, FL 33831



07182008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3476609

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

**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

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CALLAHAN, VICKIE L  
STREET ADDRESS 2410 BOB PHILLIPS ROAD  
CITY-ST-ZIP BARTOW, FL 33830

TITLE VD  
NAME COGSWELL, BRIAN L  
STREET ADDRESS 455 N BROADWAY  
CITY-ST-ZIP BARTOW, FL 33830

TITLE STD  
NAME LATTIG, MARY  
STREET ADDRESS 1732 LAGOON CT  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000959096  
09/05/08-80002-001 61.25

**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 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x Aug 28, 08 883-307-1485