


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004400
 1. Entity Name
POLICE WORK DOG ASSOCIATION OF FLORIDA, INC.



Principal Place of Business Mailing Address
216 N.W. 80TH AVENUE **216 N.W. 80TH AVENUE**
MARGATE, FL 33063 **MARGATE, FL 33063**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3318447 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PINKNEY, ESQ, PADRICK A.
145 NW CENTRAL PARK PLAZA
#200
PORT SAINT LUCIE, FL 34986

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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 retreating)

Filing Fee is \$61.25
Due by May 1, 2005

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 CAVALLARO, TONY 5900 TEDDER RD FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SIRIANNI, ANTHONY 5842 MALTON STREET NORTH PORT, FL 342865
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST QUIGLEY, RICHARD 216 N.W. 80TH AVE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VOSS, RICHARD 3375 S.W. 17TH STREET OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Anthony G Cavallaro Date: 2/18/05 Daytime Phone #: 466-5735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR