

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000001784**

1. Entity Name

KEY WEST KRITTER PATROL, INC.



Principal Place of Business

8 W CYPRESS TERR  
KEY WEST, FL 33040

Mailing Address

8 W CYPRESS TERR  
KEY WEST, FL 33040



01062004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0740639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

GLEISNER, GERALD  
8 WEST CYPRESS TERR  
KEY WEST, FL 33040

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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

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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME CRANE, CAROLYN S  
STREET ADDRESS 8 W CYPRESS TERR  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE DVST  
NAME GLEISNER, GERALD  
STREET ADDRESS 8 W CYPRESS TERR  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE D  
NAME MACNELLY, SUSAN  
STREET ADDRESS 1400A ALBERTA ST  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000062842  
02/23/04-80135-022 61.25

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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)(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:

*[Signature]* GERALD G. GLEISNER 2/24/04 205-296-4227