

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90073 007 \*\*\*\*61.25

<b>DOCUMENT # N97000001784</b>					
<b>1. Entity Name</b> KEY WEST KRITTER PATROL, INC.					
<b>Principal Place of Business</b> 8 W CYPRESS TERR KEY WEST, FL 33040			<b>Mailing Address</b> 8 W CYPRESS TERR KEY WEST, FL 33040		
<b>2. Principal Place of Business</b> 166 PEARL ROAD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 166 PEARL ROAD Suite, Apt. #, etc.			
<b>City &amp; State</b> LAKE PLACID FL.		<b>City &amp; State</b> LAKE PLACID, FL.		<b>4. FEI Number</b> 65-0740639	
<b>Zip</b> 33852		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GLEISNER, GERALD 8 WEST CYPRESS TERR KEY WEST, FL 33040				<b>7. Name and Address of Registered Agent</b> Name: GLEISNER, GERALD Street Address (P.O. Box Number is Not Acceptable): 166 PEARL ROAD City: LAKE PLACID FL Zip Code: 33852	
<b>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.</b> SIGNATURE: <u>GERALD G. GLEISNER</u> DATE: <u>1/16/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP <b>NAME</b> CRANE, CAROLYN S <b>STREET ADDRESS</b> 8 W CYPRESS TERR <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete		<b>TITLE</b> DP <b>NAME</b> CRANE, CAROLYN S. <b>STREET ADDRESS</b> 166 PEARL ROAD <b>CITY-ST-ZIP</b> LAKE PLACID, FL. 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY	
<b>TITLE</b> DVST <b>NAME</b> GLEISNER, GERALD <b>STREET ADDRESS</b> 8 W CYPRESS TERR <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete		<b>TITLE</b> DVST <b>NAME</b> GLEISNER, GERALD <b>STREET ADDRESS</b> 166 PEARL ROAD <b>CITY-ST-ZIP</b> LAKE PLACID, FL. 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY	
<b>TITLE</b> D <b>NAME</b> MACNELLY, SUSAN <b>STREET ADDRESS</b> 1400A ALBERTA ST <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>GERALD G. GLEISNER</u> <b>SECRETARY</b> DATE: <u>1/16/06</u> DAYTIME PHONE: <u>883-402-1323</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					