


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000003176
 1. Entity Name
KIMCO AUTOVENTURE, INC.



Principal Place of Business: **3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042**
 Mailing Address: **3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042**



21000012

2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt #, etc.

1st MOORE CR2E034 (10/04)

City & State: _____ City & State: _____

4. FEI Number **52-2077426**
 Applied For: Not Applicable:

Zip: _____ Country: _____ Zip: _____ Country: _____

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP SCHINDLER, MICHAEL	TITLE	
NAME	SCHINDLER, MICHAEL	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	
TITLE	P FLYNN, MICHAEL J	TITLE	
NAME	FLYNN, MICHAEL J	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	
TITLE	VP PAPPAGALLO, MICHAEL V	TITLE	
NAME	PAPPAGALLO, MICHAEL V	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	
TITLE	S KAUDERER, BRUCE M	TITLE	
NAME	KAUDERER, BRUCE M	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	
TITLE	T COHEN, GLENN	TITLE	
NAME	COHEN, GLENN	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	
TITLE	V YARMAK, JOEL I	TITLE	
NAME	YARMAK, JOEL I	NAME	
STREET ADDRESS	3333 NEW HYDE PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	CITY-ST-ZIP	

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 05/03/05-80002-009 150.00

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **4-27-05** 51689900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #