

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P94000009087

1. Entity Name
KIMCO 120 O/P, INC.



Principal Place of Business
**3333 NW HYDE PARK RD
 SUITE 100
 NEW HYDE PARK NY 11042**

Mailing Address
**KIMCO REALTY CORP.
 P.O. BOX 5020
 NEW HYDE PARK NY 11042**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0471149

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

7. Name and Address of New Registered Agent

**CI CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(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
 NAME: SCHINDLER, MICHAEL Delete
 STREET ADDRESS: 33333 NEW HYDE PK. RD SUITE 100
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition
 UDD000351771
 05/03/05-80001-002 150.00

TITLE: D
 NAME: COOPER, MILTON Delete
 STREET ADDRESS: 3333 NEW HYDE PK. RD. SUITE 100
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: P
 NAME: FLYNN, MIKE Delete
 STREET ADDRESS: 3333 NEW HYDE PARK RD., P.O BOX 5020
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: CFO
 NAME: PAPPAGALLO, MIKE Delete
 STREET ADDRESS: 3333 NEW HYDE PK. RD. SUITE 100
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: V
 NAME: YARMAK, JOEL I Delete
 STREET ADDRESS: 3333 NEW HYDE PARK RD. SUITE 100
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: T
 NAME: COHEN, GLENN Delete
 STREET ADDRESS: 3333 NEW HYDE PARK RD. SUITE 100
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05

5168699000

Date

Daytime Phone #

P94000009087