

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

EX-111 PRO P BK1005030

**DOCUMENT # 825420**

1. Entity Name  
**KIMCO PROPERTIES, INC.**



Principal Place of Business  
**3333 NEW HYDE PARK ROAD  
 STE 100  
 NEW HYDE PARK NY 11042**

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



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **13-2731270** Applied For  Not Applicable

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

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. 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	
TITLE D	<input type="checkbox"/> Delete
NAME COOPER, MILTON	
STREET ADDRESS 3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP NEW HYDE PK NY 11042	
TITLE VP	<input type="checkbox"/> Delete
NAME SCHINDLER, MICHAEL	
STREET ADDRESS 3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP NEW HYDE PK. NY 11042	
TITLE P	<input type="checkbox"/> Delete
NAME FLYNN, MIKE	
STREET ADDRESS 3333 NEW HYDE PARK RD., P.O BOX 5020	
CITY-ST-ZIP NEW HYDE PK NY 11042	
TITLE VP	<input type="checkbox"/> Delete
NAME YARMAK, JOEL I	
STREET ADDRESS 3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP NEW HTDE PK NY 11042	
TITLE VP	<input type="checkbox"/> Delete
NAME PAPPAGALLO, MIKE	
STREET ADDRESS 3333 NEW HYDE PK RD. 100	
CITY-ST-ZIP NEW HYDE PK NY 11042	
TITLE S	<input type="checkbox"/> Delete
NAME KAUDERER, BRUCE	
STREET ADDRESS 3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP NEW HYDE PK NY 11042	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000351905  
 05/03/05-80002-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-20-05** Daytime Phone #: **5168998**