


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

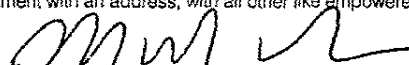
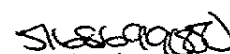
**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L09044</b> 1. Entity Name <b>KIMCO DEVELOPMENT OF MCINTOSH SARASOTA, INC.</b>						
Principal Place of Business <b>3333 NEW HYDE PARK RD SUITE 100 NEW HYDE PARK NY 11042-0020</b>			Mailing Address <b>KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>11-2981378</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.				Applied For <input type="checkbox"/> Not Applicable		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME COOPER, MILTON STREET ADDRESS 3333 NEW HYDE PARK RD. STE. 100 CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100000135542 04/28/04-80065-005 150.00	
TITLE VP NAME SCHINDLER, MICHAEL STREET ADDRESS 3333 NEW HYDE PARK RD. STE. 100 CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME FLYNN, MIKE STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME YARMAK, JOEL I STREET ADDRESS 3333 NEW HYDE PK. RD. STE. 100 CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PAPPAGALLO, MIKE STREET ADDRESS 3333 NEW HYDE PARK RD SUITE 100 CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME KAUDERER, BRUCE STREET ADDRESS 3333 NEW HYDE PK. RD. STE. 100 CITY-ST-ZIP NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



MOORE CR2E034 (11/03)

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  4/28/04 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #