

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90164 019 ***150.00

SCUS019/BKCS004



DOCUMENT # P94000017825
 1. Entity Name
KIMCO STUART 619, 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 11042-0020**



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

City & State

Zip Country

4. FEI Number **11-3205441**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 PINE ISLAND RD.
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: SCHINDLER, MICHAEL STREET ADDRESS: 3333 NEW HYDE PARK RD. CITY-ST-ZIP: NEW HYDE PARK NY 11042-0020	<input type="checkbox"/> Delete
TITLE: D NAME: COOPER, MILTON STREET ADDRESS: 3333 NEW HYDE PARK RD. CITY-ST-ZIP: NEW HYDE PARK NY 11042-0020	<input type="checkbox"/> Delete
TITLE: P NAME: FLYNN, MIKE STREET ADDRESS: 3333 NEW HYDE PARK RD. CITY-ST-ZIP: NEW HYDE PARK NY 11042	<input type="checkbox"/> Delete
TITLE: VP NAME: PAPPAGALLO, MIKE STREET ADDRESS: 3333 NEW HYDE PARK RD. SUITE 100 CITY-ST-ZIP: NEW HYDE PARK NY 11042-0020	<input type="checkbox"/> Delete
TITLE: V NAME: YARMAK, JOEL K STREET ADDRESS: 3333 NEW HYDE PARK RD. STE. 100 CITY-ST-ZIP: NEW HYDE PARK NY 11042-0020	<input type="checkbox"/> Delete
TITLE: T NAME: COHEN, GLENN STREET ADDRESS: 3333 NEW HYDE PARK RD. STE. 100 CITY-ST-ZIP: NEW HYDE PARK NY 11042-0020	<input type="checkbox"/> Delete

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

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: _____ **4-27-05 51686008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #