


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # P94000068381
 1. Entity Name
KIMCO FT. PIERCE 147, INC.



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

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



MOORE CR2E034 (11/03)

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

3. Mailing Address
 Suite, Apt #, etc

City & State

4. FEI Number **59-3272388** Applied For Not Applicable

City & State

Zip Country Zip Country

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

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 _____ 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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP | V YARMAK, JOEL I <input type="checkbox"/> Delete 3333 NEW HYDE PK. RD. 100 NEW HYDE PARK NY 11042 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SCHINDLER, MICHAEL <input type="checkbox"/> Delete 3333 NEW HYDE PARK RD. 100 NEW HYDE PARK NY 11042 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FLYNN, MIKE <input type="checkbox"/> Delete 3333 NEW HYDE PARK RD., P.O BOX 5020 NEW HYDE PARK NY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PAPPAGALLO, MIKE <input type="checkbox"/> Delete 3333 NEW HYDE PK. RD. 100 NEW HYDE PARK NY 11042 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KAUDERER, BRUCE <input type="checkbox"/> Delete 3333 NEW HYDE PK. RD. 100 NEW HYDE PK NY 11042 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T COHEN, GLENN <input type="checkbox"/> Delete 3333 NEW HYDE PK. RD. 100 NEW HYDE PARK NY 11042 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| 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 U00000135399 04/28/04-80089-021 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  **4-22-04** **96889988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #