

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

1st MOORE CR2E034 (10/04)

City & State

City & State

4. FEI Number
59-3272388

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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	V	<input type="checkbox"/> Delete
NAME	YARMAK, JOEL I	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-STATE-ZIP	NEW HYDE PARK NY 11042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHINDLER, MICHAEL	
STREET ADDRESS	3333 NEW HYDE PARK RD. 100	
CITY-STATE-ZIP	NEW HYDE PARK NY 11042	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLYNN, MIKE	
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	
CITY-STATE-ZIP	NEW HYDE PARK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAPPAGALLO, MIKE	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-STATE-ZIP	NEW HYDE PARK NY 11042	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAUDERER, BRUCE	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-STATE-ZIP	NEW HYDE PK NY 11042	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, GLENN	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-STATE-ZIP	NEW HYDE PARK NY 11042	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000351773
CITY-STATE-ZIP	05/03/05-80001-004 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 516869900
Date Daytime Phone #

SCLF0147