


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SFL0003 / BK000008

<b>DOCUMENT # P95000089613</b>			
<b>1. Entity Name</b> KIMCO KISSIMMEE 613, INC.			
<b>Principal Place of Business</b> 3333 NEW NYDE PARK ROAD SUITE 100 NEW HYPE PARK NY 11042		<b>Mailing Address</b> POST OFFICE BOX 5020 NEW HYPE PARK NY 11042-0020	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 65-0655663		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
<b>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.</b>			
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ <b>DATE</b> _____			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> VP	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SCHINDLER, MICHAEL		<b>NAME</b>	
<b>STREET ADDRESS</b> 3333 NEW NYDE PARK ROAD, SUITE 100		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> NEW HYPE PARK NY 11042		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> COOPER, MILTON		<b>NAME</b>	
<b>STREET ADDRESS</b> 3333 NEW NYDE PARK ROAD, SUITE 100		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> NEW HYPE PARK NY 11042		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> P	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> FLYNN, MIKE		<b>NAME</b>	
<b>STREET ADDRESS</b> 3333 NEW NYDE PARK ROAD, SUITE 100		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> NEW HYPE PARK NY 11042		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> V	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> PAPPAGALLO, MIKE		<b>NAME</b>	
<b>STREET ADDRESS</b> 3333 NEW NYDE PARK ROAD, SUITE 100		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> NEW HYPE PARK NY 11042		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> T	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> COHEN, GLENN		<b>NAME</b>	
<b>STREET ADDRESS</b> 3333 NEW NYDE PARK ROAD, SUITE 100		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> NEW HYPE PARK NY 11042		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> V	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> YARMAK, JOEL		<b>NAME</b>	
<b>STREET ADDRESS</b> 3333 NEW NYDE PARK ROAD, SUITE 100		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> NEW HYPE PARK NY 11042		<b>CITY-ST-ZIP</b>	
<b>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.</b>			
<b>SIGNATURE:</b> _____		4-27-05 51689900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

