


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000089613**  
 1. Entity Name  
**KIMCO KISSIMMEE 613, INC.**



Principal Place of Business: **3333 NEW NYDE PARK ROAD SUITE 100 NEW HYPE PARK NY 11042**  
 Mailing Address: **POST OFFICE BOX 5020 NEW HYDE PARK NY 11042-0020**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E034 (10/05)  
 4. FEI Number: **65-0655663** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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: VP NAME: SCHINDLER, MICHAEL STREET ADDRESS: 3333 NEW NYDE PARK ROAD, SUITE 100 CITY-ST-ZIP: NEW HYPE PARK NY 11042	<input type="checkbox"/> Delete
TITLE: D NAME: COOPER, MILTON STREET ADDRESS: 3333 NEW NYDE PARK ROAD, SUITE 100 CITY-ST-ZIP: NEW HYPE PARK NY 11042	<input type="checkbox"/> Delete
TITLE: P NAME: FLYNN, MIKE STREET ADDRESS: 3333 NEW NYDE PARK ROAD, SUITE 100 CITY-ST-ZIP: NEW HYPE PARK NY 11042	<input type="checkbox"/> Delete
TITLE: V NAME: PAPPAGALLO, MIKE STREET ADDRESS: 3333 NEW NYDE PARK ROAD, SUITE 100 CITY-ST-ZIP: NEW HYPE PARK NY 11042	<input type="checkbox"/> Delete
TITLE: T NAME: COHEN, GLENN STREET ADDRESS: 3333 NEW NYDE PARK ROAD, SUITE 100 CITY-ST-ZIP: NEW HYPE PARK NY 11042	<input type="checkbox"/> Delete
TITLE: V NAME: YARMAK, JOEL STREET ADDRESS: 3333 NEW NYDE PARK ROAD, SUITE 100 CITY-ST-ZIP: NEW HYPE PARK NY 11042	<input type="checkbox"/> Delete

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
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 exemptions contained in Section 119, 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: \_\_\_\_\_ 3-17-06 516-869-9000