


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

<b>DOCUMENT # P98000097545</b>					
1. Entity Name <b>KIMCO TALLAHASSEE 715, INC.</b>					
Principal Place of Business <b>3333 NEW HYDE PARK RD. STE 100 NEW HYDE PARK NY 11042</b>			Mailing Address <b>3333 NEW HYDE PARK RD. STE 100 NEW HYDE PARK NY 11042</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3551945</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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.					



MOORE CR2E034 (11/03)

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, MILTON			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD.			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHINDLER, MICHAEL			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD.			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, MICHAEL J			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD.			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPPAGALLO, MICHAEL			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O. BOX 5020			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YARMAK, JOEL I			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, GLENN			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042			CITY-ST-ZIP			

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 04/28/04-80091-011 150.00

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**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #