


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 371905 1. Entity Name E.O. KOCH OIL CO.	
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Principal Place of Business 3504 OFFICE PARK ROAD P.O. BOX 1965 SEBRING, FL 33871	Mailing Address 3504 OFFICE PARK ROAD P.O. BOX 1965 SEBRING, FL 33871
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1305908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOCH JR, EDWARD O 1908 DELEON PL SEBRING, FL 33870	DO NOT WRITE IN THIS SPACE
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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 reissuing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000050741 02/16/04-80023-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POLSTON, CLARENCE 207 IVY AVENUE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCH JR, EDWARD O 1908 DELEON PALACE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOCH, LOUISE S 1908 DELOEN PLACE SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZIMMERMAN, MIKE 4502 LAFAYETTE AVE. SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 807, 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: 	2.2.04	813-385-6188
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>