

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90032 006 ***150.00

DOCUMENT # 371905

1. Entity Name
E.O. KOCH OIL CO.



Principal Place of Business Mailing Address
~~3504 OFFICE PARK ROAD~~ **1417 SWANK AVE** ~~3504 OFFICE PARK ROAD~~
~~P.O. BOX 1965~~ P.O. BOX 1965
SEBRING, FL ~~33877~~ **33870** SEBRING, FL 33871

400000001



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1305908 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$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**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	POLSTON, CLARENCE
STREET ADDRESS	207 IVY AVENUE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	PD
NAME	KOCH JR, EDWARD O
STREET ADDRESS	1908 DELEON PALACE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	VSD
NAME	KOCH, LOUISE S
STREET ADDRESS	1908 DELOEN PLACE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	VTD
NAME	ZIMMERMAN, MIKE
STREET ADDRESS	4602 LAFAYETTE AVE 4087 SANTA BARBARA DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
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 exemptions contained in Chapter 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-08

Date Daytime Phone #