


**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 ~~33077~~ **33870**      SEBRING, FL 33871

**DO NOT WRITE IN THIS SPACE**

40005001



01042008    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-1305908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

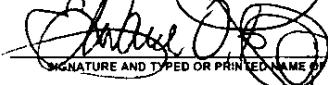
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POLSTON, CLARENCE 207 IVY AVENUE SEBRING, FL <b>33870</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCH JR, EDWARD O 1908 DELEON PALACE SEBRING, FL <b>33870</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOCH, LOUISE S 1908 DELOEN PLACE SEBRING, FL <b>33870</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZIMMERMAN, MIKE <del>4602 LAFAYETTE AVE</del> <b>4087 SANTA BARBARA Drive</b> SEBRING, FL <b>33870</b>
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:**       **1-4-08**

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