2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 371905

Entity Name: E.O. KOCH OIL CO.

ZIMMERMAN, MIKE,

SEBRING, FL 338700

4087 SANTA BARBARA DR

Name:

Address:

City-St-Zip:

FILED Jan 09, 2009 Secretary of State

| Littly Na | ille. E.O. K | JOH OIL CO. | | | | | |
|---|--|-------------------|--------------------|--|-------------|----------------------------------|---------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 1417 SWA SEBRING | NK AVE , FL 33870 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| P.O. BOX SEBRING | 1965 , FL 33871 | | | | | | |
| FEI Number | : 59-1305908 | FEI Number | Applied For() | FEI Number Not App | licable () | Certificate of Status Desired | () |
| Name and | d Address of | Current Regis | stered Agent: | Name and | Address | of New Registered Agent: | |
| 1908 DELI | ,EDWARD C EON PL , FL 33870 | US | | | | | |
| | e named entit e of Florida. | y submits this s | tatement for the p | urpose of changing i | ts register | ed office or registered agent, o | r both, |
| SIGNATU | RE: | | | | | | |
| | Electr | onic Signature | of Registered Age | nt | | Date | |
| Election Ca | mpaign Financ | ing Trust Fund Co | ontribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | VSD POLSTON, C 207 IVY AVE SEBRING, F | NUE | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PD KOCH JR, EI 1908 DELEC SEBRING, F | N PALACÉ | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VSD KOCH, LOUI 1908 DELOE SEBRING, F | N PLACE | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: | VTD | ()Delete | | Title: | VTD | (X) Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ZIMMERMAN, MIKE,

SEBRING, FL 33875

4087 SANTA BARBARA DR

SIGNATURE: MIKE ZIMMERMAN VTD 01/09/2009