

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90017 044 ***150.00

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01222007 Chg-P CR2E034 (12/06)

4. FEI Number **58-2091868** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P94000003810

1. Entity Name
GARY KOCH ENTERPRISES, INC.



Principal Place of Business
**3320 SAN NICHOLAS ST
TAMPA, FL 33629**

Mailing Address
**7100 FOREST AVE
STE 201
RICHMOND, VA 23226**

2. Principal Place of Business - No P.O. Box #
2934 West Lawn Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

Zip
33611

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

WHITEMORE, DONALD H

501 E. KENNEDY BLVD.

SUITE 1400

TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **KOCH, GARY D**

STREET ADDRESS **3320 SAN NICHOLAS STREET**

CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **Koch, Gary D**

STREET ADDRESS **2934 West Lawn Ave**

CITY-ST-ZIP **Tampa FL 33611**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

[Signature] *Tampa* *1/29/07*