


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90055 034 ***158.75


DOCUMENT # P95000049725

1. Entity Name
E.O. KOCH CONSTRUCTION, CO.



Principal Place of Business 3504 OFFICE PARK ROAD SEBRING, FL 33871	Mailing Address 3504 OFFICE PARK ROAD P.O. Box 1965 SEBRING, FL 33871
---	---

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0586781	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R
 227 N. RIDGEWOOD DRIVE
 SEBRING, FL 33872

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOCH, EDWARD O JR. 3504 OFFICE PARK ROAD SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOCH, LOUISE S. 3504 OFFICE PARK RD. SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POLSTON, CLARENCE E. 3504 OFFICE PARK RD. SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZIMMERMAN, MICHAEL B. 3504 OFFICE PARK RD. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, and all addresses, which are otherwise empowered.

SIGNATURE:  **2-2-04** **963-385-8649**

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