


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 003 ***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
 SEBRING, FL 33871**

40021374



2. Principal Place of Business - No P.O. Box #
1417 SWANK AVE

3. Mailing Address
P O BOX 1965

Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State
SEBRING FL

City & State
SEBRING FL

Zip
33870 Country
USA

Zip
33871 Country
USA

4. FEI Number
65-0586781

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **CLIFFORD R. RHOADES P. A.**

Street Address (P.O. Box Number is Not Acceptable)
2141 LAKE VIEW DRIVE

City **SEBRING** **FL** Zip Code **33870**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KOCH, EDWARD O JR. <input type="checkbox"/> Delete 3504 OFFICE PARK ROAD SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOCH, LOUISE S. <input type="checkbox"/> Delete 3504 OFFICE PARK RD. SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POLSTON, CLARENCE E. <input type="checkbox"/> Delete 3504 OFFICE PARK RD. SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZIMMERMAN, MICHAEL B. <input type="checkbox"/> Delete 3504 OFFICE PARK RD. SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

SIGNATURE:  **1-9-07** **(863) 385-8649**

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