


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 028 ***158.75

DOCUMENT # P95000049725

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



Principal Place of Business
 1417 SWANK AVE
 SEBRING, FL 33870

Mailing Address
 PO BOX 1965
 SEBRING, FL 33871

40008339



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

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
 2141 LAKE VIEW DR.
 SEBRING, FL 33870

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

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	PD KOCH, EDWARD O JR. 3604 OFFICE PARK RD. 1417 SWANK AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOCH, LOUISE S. 3604 OFFICE PARK RD. 1417 SWANK AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POLSTON, CLARENCE E. 3604 OFFICE PARK RD. 1417 SWANK AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZIMMERMAN, MICHAEL B. 3604 OFFICE PARK RD. 1417 SWANK AVE SEBRING, FL 33870
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 #