

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90273 031 ***158.75

DOCUMENT # P05000008419

1. Entity Name
VIEUX & ASSOCIATES, INC.



Principal Place of Business
**1215 CROSSROADS BLVD
SUITE 118
NORMAN, OK 73072**

Mailing Address
**1215 CROSSROADS BLVD
SUITE 118
NORMAN, OK 73072**

2. Principal Place of Business

350 David L Boren Blvd

3. Mailing Address

350 David L Boren Blvd

Suite, Apt. #, etc.

Suite 2500

Suite, Apt. #, etc.

Suite 2500

City & State

City & State

Zip

Country

Zip

Country

01092006

Chg-P

CR2E034 (11/05)

4. FEI Number

73-1395730

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	VIEUX, JEAN E	
STREET ADDRESS	3308 WILLOWROCK ROAD	
CITY - ST - ZIP	NORMAN, OK 73072	
TITLE	VP	☐ Delete
NAME	VIEUX, BAXTER E	
STREET ADDRESS	3308 WILLOWROCK ROAD	
CITY - ST - ZIP	NORMAN, OK 73072	
TITLE	TREA	☐ Delete
NAME	VIEUX, JEAN E	
STREET ADDRESS	3308 WILLOWROCK ROAD	
CITY - ST - ZIP	NORMAN, OK 73072	
TITLE	SEC	☐ Delete
NAME	VIEUX, BAXTER E	
STREET ADDRESS	3308 WILLOWROCK ROAD	
CITY - ST - ZIP	NORMAN, OK 73072	
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		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 #

Jean E Vieux 1-9-06 4053251818