


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P12980 1. Entity Name OAKVIEW CONSTRUCTION, INC.	
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Principal Place of Business PO BOX 450 PARKWEST RED OAK, IA 51566	Mailing Address PO BOX 450 PARKWEST RED OAK, IA 51566
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02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1285322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCKELEY, RICHARD C 801 JOY RED OAK, IA 51566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAWLEY, MICHAEL J. 11311 "Z" ST. OMAHA, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YEAGER, PAULINE M 705 WASHINGTON RED OAK, IA 51566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, DOUGLAS J 1008 CORNING ST. RED OAK, IA 51566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATTS, RICK D 1984 N INGLES DR. RED OAK, IA 51566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLLA, LEONARD C 21424 CHANCELLOR RD. ELKHORN, NE 68022

**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)(f), 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-8-05 <small>Date</small>	<small>Daytime Phone #</small>
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