


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P12980</b>	
<b>1. Entity Name</b> <b>OAKVIEW CONSTRUCTION, INC.</b>	

<b>Principal Place of Business</b> PO BOX 450 PARKWEST RED OAK, IA 51566	<b>Mailing Address</b> PO BOX 450 PARKWEST RED OAK, IA 51566
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

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

**6. Name and Address of Current Registered Agent**

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

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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) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	000000546894 05/12/06-80002-024 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	T
<b>NAME</b>	BUCKELEY, RICHARD C
<b>STREET ADDRESS</b>	801 JOY
<b>CITY-ST-ZIP</b>	RED OAK, IA 51566
<b>TITLE</b>	P
<b>NAME</b>	GAWLEY, MICHAEL J.
<b>STREET ADDRESS</b>	11311 "Z" ST.
<b>CITY-ST-ZIP</b>	OMAHA, NE
<b>TITLE</b>	S
<b>NAME</b>	YEAGER, PAULINE M
<b>STREET ADDRESS</b>	705 WASHINGTON
<b>CITY-ST-ZIP</b>	RED OAK, IA 51566
<b>TITLE</b>	V
<b>NAME</b>	WHITE, DOUGLAS J
<b>STREET ADDRESS</b>	1008 CORNING ST.
<b>CITY-ST-ZIP</b>	RED OAK, IA 51566
<b>TITLE</b>	V
<b>NAME</b>	WATTS, RICK D
<b>STREET ADDRESS</b>	1984 N INGLES DR.
<b>CITY-ST-ZIP</b>	RED OAK, IA 51566
<b>TITLE</b>	V
<b>NAME</b>	MOLLAK, LEONARD C
<b>STREET ADDRESS</b>	21424 CHANCELLOR RD.
<b>CITY-ST-ZIP</b>	ELKHORN, NE 68022

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**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4-27-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR