



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P12980</b>	
1. Entity Name <b>OAKVIEW CONSTRUCTION, INC.</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</b>
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**DO NOT WRITE IN THIS SPACE**



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>42-1285322</b>	Applied For Not Applicable
5. Certificate of Status Desired <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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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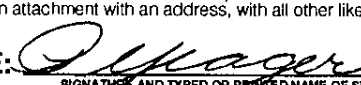
10. OFFICERS AND DIRECTORS

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 MOLLAH, LEONARD C 21424 CHANCELLOR RD. ELKHORN, NE 68022

**DO NOT WRITE IN THIS SPACE**

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05/15/07-80097-022-15010

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:**  **4-27-07**

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