2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P12980

1. Entity Name
OAKVIEW CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
PO BOX 450 PARKWEST RED OAK, IA 51566	PO BOX 450 PARKWEST RED OAK, IA 51566

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1285322

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000783066
01/15/08-80100-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BUCKELEY, RICHARD C
STREET ADDRESS	801 JOY
CITY-ST-ZIP	RED OAK, IA 51566
TITLE	P
NAME	GAWLEY, MICHAEL J.
STREET ADDRESS	11311 "Z" ST.
CITY-ST-ZIP	OMAHA, NE
TITLE	S
NAME	YEAGER, PAULINE M
STREET ADDRESS	705 WASHINGTON
CITY-ST-ZIP	RED OAK, IA 51566
TITLE	V
NAME	WHITE, DOUGLAS J
STREET ADDRESS	1008 CORNING ST.
CITY-ST-ZIP	RED OAK, IA 51566
TITLE	V
NAME	WATTS, RICK D
STREET ADDRESS	1984 N INGLES DR.
CITY-ST-ZIP	RED OAK, IA 51566
TITLE	V
NAME	MOLLAK, LEONARD C
STREET ADDRESS	21424 CHANCELLOR RD.
CITY-ST-ZIP	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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1-4-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #