

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005949

1. Entity Name
ROYAL OAK SALES, INC.



Principal Place of Business
**1 ROYAL OAK AVENUE
ROSWELL, GA 30076**

Mailing Address
**1 ROYAL OAK AVENUE
ROSWELL, GA 30076**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2496832

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 SOUTH 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCOB KEETER, JAMES P 1 ROYAL OAK AVENUE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEN, JAMES E 1 ROYAL OAK AVENUE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EV ELBERG, DALE A 1 ROYAL OAK AVENUE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CAREY, ROBERT G 1 ROYAL OAK AVENUE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO LOCKETT, ROBERT S 1 ROYAL OAK AVE. ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/09/04 00036-016 150.00

**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)(i), 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: Robert G. Carey **ROBERT G. CAREY**

4/5/04

Date

Daytime Phone #