


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000005959</b> 1. Entity Name <b>ROYAL OAK ENTERPRISES, INC.</b>	
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Principal Place of Business <b>1 ROYAL OAK AVENUE ROSWELL, GA 30076</b>	Mailing Address <b>1 ROYAL OAK AVENUE ROSWELL, GA 30076</b>
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**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>58-2498652</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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 \_\_\_\_\_

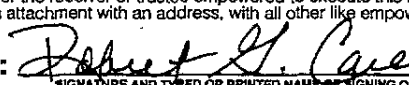
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COBD 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	VCFO LOCKETT, ROBERT 1 ROYAL OAK AVENUE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CAREY, ROBERT G 1 ROYAL OAK AVENUE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOSSETT, ROBERT G 1 ROYL OAK AVENUE ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/19/06-80001-013 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/1/06** Daytime Phone # **(678) 461-3200**