

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # 839141**

1. Entity Name  
**GOLDEN CORRAL CORPORATION**



Principal Place of Business  
**5151 GLENWOOD AVE  
P.O. BOX 29502  
RALEIGH, NC 27626**

Mailing Address  
**ATTN: TAX DEPT  
P.O. BOX 29502  
RALEIGH, NC 27626**



04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-1005071**

Applied For  
Not Applicable

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

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CTD
NAME	MAYNARD, JAMES H.
STREET ADDRESS	5151 GLENWOOD AVE
CITY-ST-ZIP	RALEIGH, NC
TITLE	VP
NAME	BELL, C L
STREET ADDRESS	5151 GLENWOOD AVE
CITY-ST-ZIP	RALEIGH, NC 27612
TITLE	S
NAME	HEYWARD, ROBERT
STREET ADDRESS	5151 GLENDWOOD AVE
CITY-ST-ZIP	RALEIGH, NC
TITLE	AS
NAME	BALDWIN, DORIS F
STREET ADDRESS	5151 GLENWOOD AVE
CITY-ST-ZIP	RALEIGH, NC 27612
TITLE	AS
NAME	LILLISTON, ANDREW J
STREET ADDRESS	5151 GLENWOOD AVE
CITY-ST-ZIP	RALEIGH, NC 27612
TITLE	D
NAME	DELACOURT, PAUL A.
STREET ADDRESS	5151 GLENWOOD AVE.
CITY-ST-ZIP	RALEIGH, NC

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05/15/07-80028-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: C. Lamar Bell C. LAMAR BELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07

Date

919-781-9310

Daytime Phone #