


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
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**



04052005 No Chg-P CR2E034 (10/03)

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 _____ 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, 2005 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	CTD MAYNARD, JAMES H. 5151 GLENWOOD AVE RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, C L 5151 GLENWOOD AVE RALEIGH, NC 27612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEYWARD, ROBERT 5151 GLENWOOD AVE RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BALDWIN, DORIS F 5151 GLENWOOD AVE RALEIGH, NC 27612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LILLISTON, ANDREW J 5151 GLENWOOD AVE RALEIGH, NC 27612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELACOURT, PAUL A. 5151 GLENWOOD AVE. RALEIGH, NC

1100000325001
04/22/05-80115-016 150.00

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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: C. Lamar Bell **C. Lamar Bell** 4/18/05 919-781-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #