


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 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
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1005071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000815577 02/14/08-80043-024 150.00
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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

**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: <u>C. Lamar Bell</u> 	<u>1-28-08</u>	<u>919 781-9310</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>