

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003262

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: GRAHAM RESTAURANTS, INC.

## Current Principal Place of Business:

1103 HWY 29 SOUTH  
EAST DUBLIN, GA 31027

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3099  
EAST DUBLIN, GA 31027

## New Mailing Address:

FEI Number: 58-2574328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: GRAHAM, CLAUDE  
Address: 2074 BUCKEYE RD  
City-St-Zip: DUBLIN, GA 31027

Title: VP ( ) Delete  
Name: GRAHAM, DAN  
Address: 208 FOXRIDGE DR  
City-St-Zip: DUBLIN, GA 31021

Title: CFO ( ) Delete  
Name: GRAHAM, DAN  
Address: 208 FOXRIDGE DR  
City-St-Zip: DUBLIN, GA 31021

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Change (X) Addition  
Name: MELEIGHA, HASKINS  
Address: 1103 HWY 29 SOUTH  
City-St-Zip: EAST DUBLIN, GA 31027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE GRAHAM

PCEO

01/20/2009

Electronic Signature of Signing Officer or Director

Date