2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P33432

1. Entity Name
GOLDEN CORRAL FRANCHISING SYSTEMS, INC.

Principal Place of Business	Mailing Address
5151 GLENWOOD AVENUE RALEIGH, NC 27612	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
56-1493583
☐ 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

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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 _____ 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	PD
NAME	FOWLER, THEODORE M., JR.
STREET ADDRESS	5151 GLENWOOD AVENUE
CITY-ST-ZIP	RALEIGH, NC
TITLE	DVP
NAME	BELL, C LAMAR
STREET ADDRESS	5151 GLENWOOD AVE
CITY-ST-ZIP	RALEIGH, NC 27612
TITLE	VPS
NAME	HEYWARD, ROBERT B
STREET ADDRESS	5151 GLENWOOD AVE
CITY-ST-ZIP	RALEIGH, NC
TITLE	T
NAME	LAVERTY, JAMES D
STREET ADDRESS	5151 GLENWOOD AVE
CITY-ST-ZIP	RALEIGH, NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80115-014 150.00

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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 4/18/05 919-781-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #