


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P33432 1. Entity Name GOLDEN CORRAL FRANCHISING SYSTEMS, INC.	
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Principal Place of Business 5151 GLENWOOD AVENUE RALEIGH, NC 27612	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 56-1493583	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	000000816275 02/14/08-80043-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOWLER, THEODORE M., JR. 5151 GLENWOOD AVENUE RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BELL, C LAMAR 5151 GLENWOOD AVE RALEIGH, NC 27612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HEYWARD, ROBERT B 5151 GLENWOOD AVE RALEIGH, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITWORTH, J DALE 5151 GLENWOOD AVE RALEIGH, NC 27612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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