


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F95000001936 1. Entity Name WINSTON HOTELS, INC.	
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Principal Place of Business 2626 GLENWOOD AVE. STE. 200 RALEIGH, NC 27608	Mailing Address 2626 GLENWOOD AVE. STE. 200 RALEIGH, NC 27608
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	C WINSTON, CHARLES M 2626 GLENWOOD AVE., STE. 200 RALEIGH, NC 27608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, ROBERT W III 2626 GLENWOOD AVE., STE. 200 RALEIGH, NC 27608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, JAMES H 4825 ORTEGA BLVD. JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARDEN, THOMAS F 702 OBERLIN ROAD, #150 RALEIGH, NC 27605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDEN, EDWIN 234 RIDGEWOOD DR. GOLDSBORO, NC 27530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

100029806951
03/03/04--01039--004 **\$41.25

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:  **Brent V. West** 1-21-04 919-510-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
04 FEB 17 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1624289	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required