## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F95000001936

1. Entity Name WINSTON HOTELS, INC.



Principal Place of Business

2626 GLENWOOD AVE.

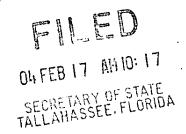
STE. 200 RALEIGH, NC 27608

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Mailing Address

2626 GLENWOOD AVE. STE. 200

RALEIGH, NC 27608





01202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 56-1624289

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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		Election Campaign Finan     Trust Fund Contribution.	cing	\$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			100029806951		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, ROBERT W III 2626 GLENWOOD AVE., STE. 200 RALEIGH, NC 27608			03/0	03/03/0401039004 **541.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, JAMES H 4825 ORTEGA BLVD. JACKSONVILLE, FL 32210			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARDEN, THOMAS F 702 OBERLIN ROAD, #150 RALEIGH, NC 27605		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDEN, EDWIN 234 RIDGEWOOD DR. GOLDSBORO, NC 27530					

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 an address, with all/other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Room I What

1-21-04

919-510-6010

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