

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F95000001936

1. Entity Name

WINSTON HOTELS, INC.



Principal Place of Business

2626 GLENWOOD AVE.
STE. 200
RALEIGH NC 27608

Mailing Address

2626 GLENWOOD AVE.
STE. 200
RALEIGH NC 27608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME WINSTON, CHARLES M
STREET ADDRESS 2626 GLENWOOD AVE., STE. 200
CITY-ST-ZIP RALEIGH NC 27608

TITLE D ☐ Delete
NAME WINSTON, ROBERT W III
STREET ADDRESS 2626 GLENWOOD AVE., STE. 200
CITY-ST-ZIP RALEIGH NC 27608

TITLE D ☐ Delete
NAME WINSTON, JAMES H
STREET ADDRESS 4825 ORTEGA BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ Delete
NAME DARDEN, THOMAS F
STREET ADDRESS 702 OBERLIN ROAD, #150
CITY-ST-ZIP RALEIGH NC 27605

TITLE D ☐ Delete
NAME BORDEN, EDWIN
STREET ADDRESS 234 RIDGEWOOD DR.
CITY-ST-ZIP GOLDSBORO NC 27530

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600047026546
CITY-ST-ZIP 02/22/05--01021--001 **541.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brent V. West
V. P.

2/7/05

Date

919-510
-6010

Daytime Phone #

FILED
05 FEB 15 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/04)