

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

Mail to: Department of State  
Div. of Corporations, Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



02132006 No Chg-P CR2E034 (11/05)

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**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000450852**  
**03/10/06-80023-008 150.00**

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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Brent V. West**  
VP

**2/17/06**  
Date

**919-510-6010**  
Daytime Phone