


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90051 036 \*\*\*150.00

<b>DOCUMENT # F03000000347</b> 1. Entity Name <b>COMMUNITY EDUCATION PARTNERS, INC.</b>					
Principal Place of Business <b>2636 ELM HILL PIKE SUITE 500 NASHVILLE, TN 37214</b>			Mailing Address <b>2636 ELM HILL PIKE SUITE 500 NASHVILLE, TN 37214</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>62-1732399</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Phillip M Kane</i></u> DATE: <u>2/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>RICHARDSON, RANDLE</b> <input type="checkbox"/> Delete <b>2636 ELM HILL PIKE, SUITE 500 NASHVILLE, TN 37214</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Phillip M. Kane</b> <b>2636 Elm Hill Pike, Suite 500</b> <b>Nashville, TN 37214</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>BAGGETT, PHIL</b> <input type="checkbox"/> Delete <b>293 PLUS PARK BLVD STE. 240 NASHVILLE, TN 37217</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Phil Baggett</b> <b>2636 Elm Hill Pike, Suite 500</b> <b>Nashville, TN 37214</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>JACOBY, JON</b> <input type="checkbox"/> Delete <b>111 CENTER STREET, SUITE 2500 LITTLE ROCK, AR 72201</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>KOZLOWSKI, JIM</b> <input type="checkbox"/> Delete <b>111 CONGRESS AVENUE, SUITE 2900 AUSTIN, TX 78701</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>MCINNES, BILL</b> <input type="checkbox"/> Delete <b>116 30TH AVENUE SOUTH NASHVILLE, TN 37212</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>DUNCAN, RON</b> <input type="checkbox"/> Delete <b>111 CONGRESS AVENUE, SUITE 2900 AUSTIN, TX 78701</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

**50019065**



02012005    Chg-P    CR2E034 (10/03)