

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003343

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** EDUCATIONAL SERVICES OF AMERICA, INC.

**Current Principal Place of Business:**

104 NORTH SEVEN OAKS DRIVE  
KNOXVILLE, TN 37922

**New Principal Place of Business:**

**Current Mailing Address:**

104 NORTH SEVEN OAKS DRIVE  
KNOXVILLE, TN 37922

**New Mailing Address:**

**FEI Number:** 62-1586836      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARKIS, MISSY  
10245 CENTURION PKWY. NORTH, SUITE 108  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO      ( ) Delete  
Name: GAMBILL, RON  
Address: 104 NORTH SEVEN OAKS DRIVE  
City-St-Zip: KNOXVILLE, TN 37922 US

Title: PSD      ( ) Delete  
Name: ARNOLD, JOHN E JR.  
Address: 104 NORTH SEVEN OAKS DRIVE  
City-St-Zip: KNOXVILLE, TN 37922 US

Title: VP      ( ) Delete  
Name: THOMPSON, BILL  
Address: 104 NORTH SEVEN OAKS DRIVE  
City-St-Zip: KNOXVILLE, TN 37922 US

Title: D      ( ) Delete  
Name: KESSEL, DWIGHT  
Address: 4418 BEACHWOOD DRIVE  
City-St-Zip: KNOXVILLE, TN 37920 US

Title: D      ( ) Delete  
Name: COOPER, LEO  
Address: 5401 BROWN GAP ROAD  
City-St-Zip: KNOXVILLE, TN 37918 US

Title: D      ( ) Delete  
Name: SCHUMPERT, TOMMY  
Address: 5300 OAK GLADE LANE  
City-St-Zip: KNOXVILLE, TN 37918 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E ARNOLD JR

P

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date