


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90258 001 ***450.00

DOCUMENT # P0000037191
 1. Entity Name
FLORIDA EDUCATIONAL SERVICES, INC.



66411784



Principal Place of Business: 1321 MURFREESBORO RD SUITE 702 NASHVILLE, TN 37217
 Mailing Address: 1321 MURFREESBORO RD SUITE 702 NASHVILLE, TN 37217

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

02202004 Chg-P CR2E034 (10/03)

4. FEI Number: **62-1818536**
 Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 526 E PARK AVE
 TALLAHASSEE, FL 32301

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CLAYPOOL, MARK	
STREET ADDRESS	1321 MURFREESBORO RD STE 702	
CITY-ST-ZIP	NASHVILLE, TN 37217	
TITLE	EVPO	<input type="checkbox"/> Delete
NAME	ALLGOOD, ALVIN	
STREET ADDRESS	1321 MURFREESBORO RD STE 702	
CITY-ST-ZIP	NASHVILLE, TN 37217	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	WHITFIELD, DONALD	
STREET ADDRESS	1321 MURFREESBORO RD STE 702	
CITY-ST-ZIP	NASHVILLE, TN 37217	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CARNER, ZELDA	
STREET ADDRESS	1321 MURFREESBORO RD STE 702	
CITY-ST-ZIP	NASHVILLE, TN 37217	
TITLE	VPQ	<input type="checkbox"/> Delete
NAME	CONTE, ALICE	
STREET ADDRESS	1321 MURFREESBORO RD STE 702	
CITY-ST-ZIP	NASHVILLE, TN 37217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claypool, Mark	
STREET ADDRESS	" "	
CITY-ST-ZIP	" "	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO & EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitfield, Donald	
STREET ADDRESS	" "	
CITY-ST-ZIP	" "	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carner, Zelda	
STREET ADDRESS	" "	
CITY-ST-ZIP	" "	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Donald B. Whitfield **DONALD B. WHITFIELD** 2/20/04 615-361-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #