


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



03012005 No 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.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CLAYPOOL, MARK 1321 MURFREESBORO RD STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPO ALLGOOD, ALVIN 1321 MURFREESBORO RD STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOE WHITFIELD, DONALD 1321 MURFREESBORO RD STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CARNER, ZELDA 1321 MURFREESBORO RD STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPQ CONTE, ALICE 1321 MURFREESBORO RD STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000304510  
 04/14/05-80047-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/18/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #