

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P00000037191

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



03012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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, 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  
CEDO  
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

**DO NOT WRITE  
IN THIS SPACE**

U000000304510  
04/14/05-80047-005 150.00

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

Date

Daytime Phone #