


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90041 028 \*\*\*150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 62-1818536	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip	
Country		Country		04292007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYPOOL, MARK		NAME		
STREET ADDRESS	1321 MURFREESBORO RD STE 702		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37217		CITY-ST-ZIP		
TITLE	EVPO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLGOOD, ALVIN		NAME		
STREET ADDRESS	1321 MURFREESBORO RD STE 702		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37217		CITY-ST-ZIP		
TITLE	CFOE	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITFIELD, DONALD		NAME		
STREET ADDRESS	1321 MURFREESBORO RD STE 702		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37217		CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNER, ZELDA		NAME		
STREET ADDRESS	1321 MURFREESBORO RD STE 702		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37217		CITY-ST-ZIP		
TITLE	VPQ	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTE, ALICE		NAME		
STREET ADDRESS	1321 MURFREESBORO RD STE 702		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37217		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bryan Skelton	
STREET ADDRESS			STREET ADDRESS	1321 Murfreesboro Rd Suite 702	
CITY-ST-ZIP			CITY-ST-ZIP	Nashville, TN 37217	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Donald B. Whitfield</u>		DONALD B. WHITFIELD		7/30/07 615-361-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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