

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90246 020 ***150.00

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**



04222008 No Chg-P CR2E034 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	PD CLAYPOOL, MARK 1321 MURFREESBORO RD STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITFIELD, DONALD 1321 MURFREESBORO RD STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKELTON, BRYAN 1321 MURFREESBORO RD STE 702 NASHVILLE, TN 37217
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 IN THIS SPACE**

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: Donald B. Whitfield **DONALD B. WHITFIELD** 4-24-08 615-361-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #