

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000095579

1. Entity Name
KENDALL EDUCATIONAL SERVICES, INC.



Principal Place of Business
1321 MURFREESBORO RD, STE 702
NASHVILLE, TN 37217

Mailing Address
1321 MURFREESBORO RD, STE 702
NASHVILLE, TN 37217



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1836071 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
EVPC
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**

000000305243
04/14/05-80076-013 150.00

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

4/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #