


FILED
Jan 13, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000027574 1. Entity Name EDUCATIONAL SERVICES GROUP, INC.		
Principal Place of Business 211 HANDLEY DR WINCHESTER, VA 22603		Mailing Address 211 HANDLEY DR WINCHESTER, VA 22603
DO NOT WRITE IN THIS SPACE		
		01072004 No Chg-P CR2E034 (10/03)
4. FEI Number 58-2108230		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BOLAND, SUZANNE L 107 N. 11TH STREET, SUITE 2 TAMPA, FL 33602		
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, JEROME R 3883 FALLCLOFT DR FAIRFAX, VA 22030	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NASH, MELVIN 211 HANDLEY DRIVE WINCHESTER, VA 22603	
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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)(i), 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><i>Melvin Nash</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/9/04</u> Day/Time Phone # <u>540-462-265</u>