

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003343

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: EDUCATIONAL SERVICES OF AMERICA, INC.

**Current Principal Place of Business:**

298 NORTH SEVEN OAKS DRIVE  
KNOXVILLE, TN 37922

**New Principal Place of Business:**

**Current Mailing Address:**

298 NORTH SEVEN OAKS DRIVE  
KNOXVILLE, TN 37922

**New Mailing Address:**

FEI Number: 62-1586836      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARKIS, MISSY  
10245 CENTURION PKWY. NORTH, SUITE 108  
JACKSONVILLE, FL 32256      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: HOLLIN, WM. ANTHONY  
Address: 298 NORTH SEVEN OAKS DRIVE  
City-St-Zip: KNOXVILLE, TN 37922

Title: EV ( ) Delete  
Name: FARINELLA, JOHN  
Address: 298 NORTH SEVEN OAKS DRIVE  
City-St-Zip: KNOXVILLE, TN 37922

Title: DVC ( ) Delete  
Name: HOUSTON, BILLY  
Address: 298 NORTH SEVEN OAKS DRIVE  
City-St-Zip: KNOXVILLE, TN 37922

Title: DST ( ) Delete  
Name: KESSEL, DWIGHT  
Address: 4418 BEECHWOOD ROAD  
City-St-Zip: KNOXVILLE, TN 37920

Title: VP ( ) Delete  
Name: FOSTER, LEEANN B  
Address: 298 NORTH SEVEN OAKS DRIVE  
City-St-Zip: KNOXVILLE, TN 37922

Title: D ( ) Delete  
Name: GERKIN, JEFF  
Address: 115 STUDENT SERVICES BLDG  
City-St-Zip: KNOXVILLE, TN 379960210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILIAM ANTHONY HOLLIN

Electronic Signature of Signing Officer or Director

PCEO

07/06/2006

Date