


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2008 90246 021 ***150.00

DOCUMENT # P0000095579
 1. Entity Name
KENDALL EDUCATIONAL SERVICES, INC.



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

DO NOT WRITE IN THIS SPACE

40050000



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
62-1836071 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

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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	PD
NAME	CLAYPOOL, MARK
STREET ADDRESS	1321 MURFREESBORO RD STE 702
CITY-ST-ZIP	NASHVILLE, TN 37217
TITLE	SD
NAME	WHITFIELD, DONALD
STREET ADDRESS	1321 MURFREESBORO RD, STE 702
CITY-ST-ZIP	NASHVILLE, TN 37217
TITLE	V
NAME	SKELTON, BRYAN
STREET ADDRESS	1321 MURFREESBORO RD SUITE 702
CITY-ST-ZIP	NASHVILLE, TN 37217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #