


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006725
 1. Entity Name
 HOSPITALITY EDUCATIONAL RESOURCES, INC.



Principal Place of Business C/O DEDMAN SCHOOL OF HOSPITALITY 1 CHAMPIONS WAY TALLAHASSEE, FL 32306-2541	Mailing Address C/O DEDMAN SCHOOL OF HOSPITALITY 1 CHAMPIONS WAY TALLAHASSEE, FL 32306-2541
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03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIEDEL, ROBERT A
 C/O DEDMAN SCHOOL OF HOSPITALITY
 1 CHAMPIONS WAY
 TALLAHASSEE, FL 32306-2541

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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	EDPC RIEDEL, ROBERT A 1 CHAMPIONS WAY TALLAHASSEE, FL 323062541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDER RISCIGNO, JIM 1 CHAMPIONS WAY TALLAHASSEE, FL 323062541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDSH BOSELNAN, BOB 1 CHAMPIONS WAY TALLAHASSEE, FL 323062541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 617, 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: R A Riedel R. A. Riedel 3/14/05 8508779797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #