


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90070 008 ****70.00

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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01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

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: Robert A Riedel (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing \$5.00 May Be Added to Fees
---Trust Fund Contribution.

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 BOSSELMAN, BOB 1 CHAMPIONS WAY TALLAHASSEE, FL 323062541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: Robert A Riedel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06 850 877 9797
Date Daytime Phone #