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Secretary of State
07-24-2007 90039 019 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006725

1. Entity Name
HOSPITALITY EDUCATIONAL RESOURCES, INC.

Principal Place of Business	Mailing Address
C/O DEDMAN SCHOOL OF HOSPITALITY 1 CHAMPIONS WAY TALLAHASSEE, FL 32306-2541	C/O DEDMAN SCHOOL OF HOSPITALITY 1 CHAMPIONS WAY TALLAHASSEE, FL 32306-2541

66021045

07192007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. 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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6. 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: R A Riedel Pres 8/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	EDPC
NAME	RIEDEL, ROBERT A
STREET ADDRESS	1 CHAMPIONS WAY
CITY-ST-ZIP	TALLAHASSEE, FL 323062541
TITLE	TDER
NAME	RISCIGNO, JIM
STREET ADDRESS	1 CHAMPIONS WAY
CITY-ST-ZIP	TALLAHASSEE, FL 323062541
TITLE	DDSH
NAME	BOSSELMAN, BOB
STREET ADDRESS	1 CHAMPIONS WAY
CITY-ST-ZIP	TALLAHASSEE, FL 323062541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 8/15/07 8508779797
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #