

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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



FILED
Jul 24, 2008 08:00 AM
Secretary of State

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



07212008 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

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by September 12, 2008

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	DOSH BOSSelman, BOB 1 CHAMPIONS WAY TALLAHASSEE, FL 323062541
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 07/24/08-80003-006 70.00
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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: Robert A. Riedel 7/21/08 8508 779797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #