

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2004
Secretary of State**

DOCUMENT# N99000005741

Entity Name: HOME EDUCATION RESOURCES AND INFORMATION, INC.

Current Principal Place of Business:

400 CAHOON RD S
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

400 CAHOON RD S
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 59-3626790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, RONALD N
8847 IVYMILL PLACE SOUTH
JACKSONVILLE, FL 32244

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EVANS, ROANLD N
Address: 8847 IVYMILL PLACE SOUTH
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: EVANS, PRINCESS D
Address: 8847 IVYMILL PLACE SOUTH
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: WEAVER, TERRI R
Address: 7945 BURMA ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: MOCK, KRISTEN G
Address: 7418 BURLINGAME DRIVE S.
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: CARSWELL, BOBBY
Address: 8471 CASSIE RD
City-St-Zip: JACKSONVILLE, FL 32221

Title: S () Delete
Name: WEAVER, GARY B
Address: 7945 BURMA RD
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY CARSWELL

T

04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date