

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90260 032 \*\*\*\*61.25

**DOCUMENT # M99000005741**



1. Entity Name  
**HOME EDUCATION RESOURCES AND INFORMATION, INC.**

Principal Place of Business Mailing Address  
**400 CAHOON RD S JACKSONVILLE FL 32220** **400 CAHOON RD S JACKSONVILLE FL 32220**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State 4. FEI Number **59-3626790** Applied For  
 Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**EVANS, RONALD N**  
**8847 IVYMILL PLACE SOUTH**  
**JACKSONVILLE FL 32244**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Ronald Evans* **Ronald Evans President** DATE

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2006**  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>EVANS, ROANLD N</b> <b>8847 IVYMILL PLACE SOUTH</b> <b>JACKSONVILLE FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Johns, Brenda</b> <b>4966 Southwark Dr. N.</b> <b>Jacksonville FL 32257</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EVANS, PRINCESS D</b> <b>8847 IVYMILL PLACE SOUTH</b> <b>JACKSONVILLE FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Lee, Robert</b> <b>4012 Virgil Lane</b> <b>Jacksonville FL 32244</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEAVER, TERRI R</b> <b>7945 BURMA ROAD</b> <b>JACKSONVILLE FL 32211</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Frantz, Doreen</b> <b>1643 8th St. S</b> <b>Jacksonville FL 32250</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOCK, KRISTEN G</b> <b>7418 BURLINGAME DRIVE S.</b> <b>JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Carol Mathis</b> <b>2353 Water Bluff Dr.</b> <b>Jacksonville FL 32218</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CARSWELL, BOBBY</b> <b>8471 CASSIE RD</b> <b>JACKSONVILLE FL 32221</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Fisher, Jeffrey</b> <b>4751 Riverine Dr.</b> <b>Jacksonville FL 32210</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WEAVER, GARY B</b> <b>7945 BURMA RD</b> <b>JACKSONVILLE FL 32221</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jeffrey E. Fisher* **Jeffrey E. Fisher** **4-17-06** **904-779-6644**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #