


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005741 1. Entity Name HOME EDUCATION RESOURCES AND INFORMATION, INC.	
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Principal Place of Business
**400 CAHOON RD S
JACKSONVILLE, FL 32220**

Mailing Address
**400 CAHOON RD S
JACKSONVILLE, FL 32220**

DO NOT WRITE IN THIS SPACE



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3626790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$81.25
Due by May 1, 2007**

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

U000000656216
03/14/07 00017 007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, ROANLD N 8847 IVYMILL PLACE SOUTH JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, PRINCESS D 8847 IVYMILL PLACE SOUTH JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, TERRI R 7945 BURMA ROAD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCK, KRISTEN G 7418 BURLINGAME DRIVE S. JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, JEFFREY 4751 RIVERWINE DR JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, GARY B 7945 BURMA RD JACKSONVILLE, FL 32221

**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:  **Jeffrey E. Fisher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-07
Date

904-779-6449
Daytime Phone #