

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000091

1. Entity Name
ASIA CONNECTION INC.



Principal Place of Business
**4725 EL DORADO DRIVE
TAMPA, FL 33615-5032 US**

Mailing Address
**P.O. BOX 260475
TAMPA, FL 33685-0475 US**



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3619790

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSE, WILLIAM E
4725 EL DORADO DRIVE
TAMPA, FL 33615-5032**

**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 \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DIR
NAME	ROSE, WILLIAM E
STREET ADDRESS	4725 EL DORADO DRIVE
CITY-ST-ZIP	TAMPA, FL 336155032
TITLE	CD
NAME	HEUBECK, KERRY
STREET ADDRESS	P.O. BOX 114
CITY-ST-ZIP	SAN CRISTOBAL, NM 87564
TITLE	CD
NAME	SMITH, HILARY
STREET ADDRESS	555 BAYLEY HAZEN ROAD BOX 72
CITY-ST-ZIP	PEACHAM, VT 058620072
TITLE	CD
NAME	ROSE, EDWARD K
STREET ADDRESS	3570 SACRAMENTO ST APT 305
CITY-ST-ZIP	SAN FRANCISCO, CA 94118
TITLE	CD
NAME	SHELHAMER, H KRIH
STREET ADDRESS	11904 4TH STREET NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000178900
01/12/05-80047-009 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. ROSE 1-10-04 (813) 901-9766

Date

Daytime Phone #