


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 001 ***150.00

DOCUMENT # F62651	
1. Entity Name TORSOUTH CORPORATION	

Principal Place of Business 35 DE ALLYON RD. HILTON HEAD ISLAND, SC 29928 US	Mailing Address BOX 6899 HILTON HEAD, SC 29938 US
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01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 98-0052171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, BRIAN M ESQ
20 NORTH ORANGE AVE., 10TH FL
ORLANDO, FL 32801**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, K.E. 2283 D LAKESHORE BLVD, W ETOBICOKE, ON M8V1A 6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TAYLOR, JOAN S. 2283 D LAKESHORE BLVD, W ETOBICOKE, ON M8V1A 6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACLEAN, LINDA 79 LOMA VISTA DR THORNHILL, ONTARIO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 607, 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:  Jan 20 / 04 416-949-8036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #