

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106851

FILED  
Apr 09, 2004  
Secretary of State

Entity Name: CANSOUTH DEVELOPMENT CORP.

## Current Principal Place of Business:

5145 CITY STREET  
ORLANDO, FL 32839

## New Principal Place of Business:

319 N MAGNOLIA AVENUE  
ORLANDO, FL 32801

## Current Mailing Address:

5145 CITY STREET  
ORLANDO, FL 32839

## New Mailing Address:

319 N MAGNOLIA AVENUE  
ORLANDO, FL 32801

FEI Number: 59-3487093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLATER, JOEL  
5145 CITY ST  
ORLANDO, FL 32839 US

## Name and Address of New Registered Agent:

SKELLEY, JEANNIE L  
319 N MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

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: JEANNIE L SKELLEY

04/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPAS ( ) Delete  
Name: MORTON, HENRY  
Address: 1090 DON MILLS RD, SUITE 600  
City-St-Zip: DON MILLS, ON

Title: DC ( ) Delete  
Name: MORTON, PAUL  
Address: 1090 DON MILLS RD, SUITE 600  
City-St-Zip: DON MILLS, ON

Title: DVPS ( ) Delete  
Name: SLATER, JOEL K  
Address: 5145 CITY STREET  
City-St-Zip: ORLANDO, FL 32839

Title: DVP ( ) Delete  
Name: GOLDBERG, LAURENCE  
Address: 181 BAY STREET STE 2500  
City-St-Zip: TORONTO, ONTARIO, CA M5J2T7

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPAS (X) Change ( ) Addition  
Name: MORTON, HENRY A  
Address: 1090 DON MILLS RD, SUITE 600  
City-St-Zip: DON MILLS, ON

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

Title: DVPS (X) Change ( ) Addition  
Name: SLATER, JOEL K  
Address: 319 N MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32801

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY A MORTON

DPAS

04/09/2004

Electronic Signature of Signing Officer or Director

Date