


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P28598
 1. Entity Name
 CORPAMERICA, INC.



Principal Place of Business
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

Mailing Address
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number
 51-0235500 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WINN, BRUCE R
STREET ADDRESS	2711 CENTERVILLE ROAD, STE 400
CITY-ST-ZIP	WILMINGTON, DE 19808
TITLE	VCFO
NAME	FORTUNATO, JR., JOHN
STREET ADDRESS	2711 CENTERVILLE ROAD, STE 400
CITY-ST-ZIP	WILMINGTON, DE 19808
TITLE	VPS
NAME	MASSIH, GEORGE A
STREET ADDRESS	2711 CENTERVILLE ROAD, STE 400
CITY-ST-ZIP	WILMINGTON, DE 19808
TITLE	VP
NAME	ROSSER, MARK A
STREET ADDRESS	2711 CENTERVILLE ROAD, STE 400
CITY-ST-ZIP	WILMINGTON, DE 19808
TITLE	VP
NAME	PARKER, DARLENE
STREET ADDRESS	2711 CENTERVILLE ROAD, STE 400
CITY-ST-ZIP	WILMINGTON, DE 19808
TITLE	VP
NAME	KENTON, JENNIFER A
STREET ADDRESS	2711 CENTERVILLE ROAD, STE 400
CITY-ST-ZIP	WILMINGTON, DE 19808

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 03/28/05-80004-020 150.00

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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 another like empowered.

SIGNATURE: John Fortunato 3/22/05 302.636.5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #