


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P28598</b> 1. Entity Name CORPAMERICA, INC.	
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Principal Place of Business 1201 HAYS STREET TALLAHASSEE, FL 32301	Mailing Address 1201 HAYS STREET TALLAHASSEE, FL 32301
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02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0235500	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  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P WINN, BRUCE R 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FORTUNATO, JR., JOHN 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MASSIH, GEORGE A 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSSER, MARK A 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, DARLENE 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENTON, JENNIFER A 2711 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808

100000277900  
03/28/05-80004-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: John Fortunato 3/22/05 302.636.5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #