


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 838478 1. Entity Name IMTRA CORPORATION |  |
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|---|---|
| Principal Place of Business 30 SAMUEL BARNET BLVD NEW BEDFORD, MA 02745 | Mailing Address 30 SAMUEL BARNET BLVD NEW BEDFORD, MA 02745 |
|---|---|

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 04-2137249 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> IV | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DICKSON, ED 700 WAVECREST AVE INDIALANTIC, FL 32903 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | C FARNHAM, WILLIAM H., JR. 15 WEST RIVER ROAD MARION, MA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V BRAITMAYER, ERIC A 311 CONVERSE RD MARION, MA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ROGERSON, WILLIAM G. 33 PIER 7 CHARLESTOWN, MA 02129 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T ROGERSON, EDWARD S 231 RANDOLPH AVE MILTON, MA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BISHOP, FRANCIS N 163 MATHEWSON RD BARRINGTON, RI |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V FARNHAM, CHARLES I 118 ALFRED DROWNE BARRINGTON, RI |

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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 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:  **CFO** **1/17/05** **508-995-7600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #