

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90253 028 ***150.00

DOCUMENT # 838391

1. Entity Name
AMGRO, INC.



Principal Place of Business
**100 N PKWY
P. O. BOX 15089
WORCESTER, MA 01615-0089 US**

Mailing Address
**100 N PKWY
P. O. BOX 15089
WORCESTER, MA 01615-0089 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182005 Chg-P CR2E034 (10/03)

4. FEI Number
04-2457427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KAVANUAGH, JOHN P
STREET ADDRESS 33 PEDERZINI DRIVE
CITY-ST-ZIP MEDFIELD, MA 02052

TITLE S. Cronin, Charles F. ☐ Change ☒ Addition
NAME
STREET ADDRESS 57 Longwood Drive
CITY-ST-ZIP Lunenburg, MA 01462

TITLE AS ☐ Delete
NAME CAHILL, JR, WILLIAM J
STREET ADDRESS 10 OLD PLANTERS RD
CITY-ST-ZIP BEVERLY, MA 01915

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TRIPP, ANN K
STREET ADDRESS 67 MUSHOPAUGE RD
CITY-ST-ZIP RUTLAND, MA 01543

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCGIVNEY, MARK C
STREET ADDRESS 81 RUMSTICK RD
CITY-ST-ZIP BARRINGTON, RI 02806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BIGWOOD, RUSSELL M
STREET ADDRESS 407-2 GREAT RD
CITY-ST-ZIP ACTON, MA 01720

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CHARBONNEAU, KAREN A
STREET ADDRESS 68 ROBBINS RD
CITY-ST-ZIP THOMPSON, CT 06277

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Karen A. Charbonneau* **Karen A. Charbonneau, Treasurer 4/18/2005 508-757-1628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #