2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F01000004071

1. Entity Name

POWERS FASTENERS, INC.



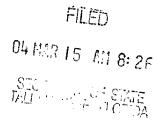
Principal Place of Business

2 POWERS SQUARE

PO BOX 641 NEW ROCHELLE, NY 10801 Mailing Address

2 POWERS SQUARE PO BOX 641

NEW ROCHELLE, NY 10801





02102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 13-1840500 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORT LAUDERDALE, FL 33312-6608

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8. The above named entity submits this statement for the purpose of changing its registered office of	r registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	ومندر وحمد ومدر وحدي ومدر وحدر ومدر ومدر ومدر ومدر ومدر ومدر

03/17/04--01025--019 **150.00

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

(NOTE: Registered Agent signature required when reinstating)

DIO AUTOURD

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	POWERS, JEFFREY R
STREET ADDRESS	2 POWERS SQUARE
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	CEO
NAME	POWERS, CHRISTOPHER W
STREET ADDRESS	2 POWERS SQUARE
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	VP
NAME	POWERS, FREDERIC B III
STREET ADDRESS	2 POWERS SQUARE
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	VP
NAME	POWERS, STEPHEN B
STREET ADDRESS	2 POWERS SQUARE
CITY-ST-ZIP	NEW ROCHELLE, NY 10801
TITLE	VP
NAME	Robert S. D. ANA
STREET ADDRESS	2 Powers source
CITY-ST-ZIP	New Rochalle, N.7.10801
TITLE	
NAME	
STREET ADDRESS	

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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 all **qflor** like empowered.

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 (914)235-630

Daytime Phone #