

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 15 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1840500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GAFFIGAN, MICHAEL
LAKEVIEW CENTER
2345 STIRLING ROAD
FORT LAUDERDALE, FL 33312-6608

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.

000030600270
03/17/04--01025--019 **150.00

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P POWERS, JEFFREY R 2 POWERS SQUARE NEW ROCHELLE, NY 10801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO POWERS, CHRISTOPHER W 2 POWERS SQUARE NEW ROCHELLE, NY 10801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POWERS, FREDERIC B III 2 POWERS SQUARE NEW ROCHELLE, NY 10801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POWERS, STEPHEN B 2 POWERS SQUARE NEW ROCHELLE, NY 10801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert S. Diana 2 Powers Square New Rochelle, N.Y. 10801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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: *Robert S. Diana*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/10/04** (914)235-6300
Daytime Phone #