


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000004071

1. Entity Name
POWERS FASTENERS, INC.



Principal Place of Business Mailing Address

2 POWERS LANE **2 POWERS LANE**
BREWSTER, NY 10509 **BREWSTER, NY 10509**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1840500	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

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 DIANA, ROBERT S 2 POWERS SQUARE NEW ROCHELLE, NY 10801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000536840
 01/17/07-80010-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 J. Massa** **1/4/07** **914-235-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #