2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000004106

1. Entity Name
DA CAPO AL FINE, LTD., CORP.

Principal Place of Business	Mailing Address
81 STONECROP LANE PO BOX 222 COLD SPRING, NY 10516 US	81 STONECROP LANE PO BOX 222 COLD SPRING, NY 10516 US

DO NOT WRITE IN THIS SPACE

07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-2607017

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEITZ, HOWARD G ESQ .
11392 TURTLE BEACH RD.
LOST TREE VILLAGE
NORTH PALM BEACH, FL 33408

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

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000005771066
07/18/06-80022-012 550.00

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	CABOT, FRANCIS H
STREET ADDRESS	81 STONECROP LANE
CITY-ST-ZIP	COLD SPRING, NY 10516
TITLE	T
NAME	GORDON, MARGARET
STREET ADDRESS	81 SSTONECROP LANE
CITY-ST-ZIP	COLD SPRING, NY 10516
TITLE	VSD
NAME	SEITZ, HOWARD G
STREET ADDRESS	11392 TURTLE BEACH ROAD
CITY-ST-ZIP	LOST TREE VILLAGE, FL 33408
TITLE	D
NAME	CABOT, F C
STREET ADDRESS	7097 SANBORN ROAD
CITY-ST-ZIP	LOUDON, NH 03301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Howard G Seitz 7/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #