

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004106

FILED  
Sep 04, 2012  
Secretary of State

**Entity Name:** DA CAPO AL FINE, LTD., CORP.

**Current Principal Place of Business:**

81 STONECROP LANE  
COLD SPRING, NY 10516 US

**New Principal Place of Business:**

**Current Mailing Address:**

81 STONECROP LANE  
PO BOX 222  
COLD SPRING, NY 10516 US

**New Mailing Address:**

**FEI Number:** 22-2607017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDC  
Name: CABOT, F C  
Address: 7097 SANBORN ROAD  
City-St-Zip: LOUDON, NH 03307

Title: T  
Name: GORDON, MARGARET  
Address: 81 STONECROP LANE  
City-St-Zip: COLD SPRING, NY 10516

Title: VSD  
Name: SEITZ, HOWARD G  
Address: 11392 TURTLE BEACH ROAD  
City-St-Zip: LOST TREE VILLAGE, FL 33408

Title: D  
Name: CABOT, F C  
Address: 7097 SANBORN ROAD  
City-St-Zip: LOUDON, NH 03307

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD G. SEITZ

VSD

09/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date