

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # A05253

1. Entity Name
H.D. MARCLAY COMPANY, LTD.



Principal Place of Business
353 SOUTH ATLANTIC AVE
ORMOND BEACH, FL 32176

Mailing Address
353 SOUTH ATLANTIC AVE
ORMOND BEACH, FL 32176



01052008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1730234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONE, HARRY C JR.
353 SOUTH ATLANTIC AVE
ORMOND BEACH, FL 32176

**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

H. C. Cone Jr.
Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CONE, HARRY C. JR.
353 SOUTH ATLANTIC AVE
ORMOND BCH, FL 32176

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CONE, DAWN
353 SOUTH ATLANTIC AVE
ORMOND BCH, FL 32176

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000786515
01/17/08-80042-030 500.00

**DO NOT WRITE
IN THIS SPACE**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

H. C. Cone Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE