

2009 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2009

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**

FILED

2009 JAN 13 AM 8:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

01052009 No Chg-LP

CR2E003 (11/08)

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2009, 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

**900140447149
01/13/09--01007--009 **500.00**

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:

HARRY C. CONE, JR

Date

Daytime Phone #