

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90048 049 ****50.00

DOCUMENT # M06000003043

1. Entity Name
SPONAUGLE CONSTRUCTION SERVICES, LLC



Principal Place of Business
**250 WEST CHOCOLATE AVENUE
 HERSHEY, PA 17033**

Mailing Address
**250 WEST CHOCOLATE AVENUE
 HERSHEY, PA 17033**

60043576



2. Principal Place of Business - No P.O. Box #
1350 East Chocolate Ave

3. Mailing Address
1350 East Chocolate Ave

Suite, Apt. #, etc.

01102007 Chg-LLC CR2E083 (12/06)

City & State
Hershey PA

City & State
Hershey PA

Zip **17033** Country **USA** Zip **17033** Country **USA**

4. FEI Number
04-3773701

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KUNETZ, GEORGE
 1616 NORTH FIRST STREET
 JACKSONVILLE BEACH, FL 32250**

7. Name and Address of New Registered Agent

Name
Charles W Wolfford

Street Address (P.O. Box Number is Not Acceptable)
1616 North First St

City **Jacksonville Beach FL** Zip Code **32250**

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 *Charles W Wolfford* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYNES, CHRISTOPHER 250 WEST CHOCOLATE AVENUE HERSHEY, PA 17033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYNES, MARY KAY 250 WEST CHOCOLATE AVENUE HERSHEY, PA 17033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	1350 East Chocolate Ave Hershey PA 17033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	1350 East Chocolate Ave Hershey PA 17033	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mark Hay*

4/25/07 717 312 0832