

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001092

FILED
Jan 08, 2009
Secretary of State

Entity Name: JAARS, INC.

Current Principal Place of Business:

7405 JAARS ROAD
WAXHAW, NC 28173

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 248
WAXHAW, NC 281730248

New Mailing Address:

FEI Number: 56-0818833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801 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: P () Delete
Name: AKOVENKO, JAMES S
Address: 8001 KINGSLAND DRIVE
City-St-Zip: WAXHAW, NC 28173

Title: V () Delete
Name: MCBRIDE, PHILLIP
Address: 6804 OLD RIDGE ROAD
City-St-Zip: WAXHAW, NC 28173

Title: S () Delete
Name: IMMEL, PATSY J
Address: 5618 DAVIS ROAD
City-St-Zip: WAXHAW, NC 28173

Title: T () Delete
Name: STAPLES, TIM
Address: 7405 DAVIS RD
City-St-Zip: WAXHAW, NC 28173

Title: TD () Delete
Name: BOYD, JUDY
Address: 2400 SUMMERLAKE RD
City-St-Zip: CHARLOTTE, NC 28226

Title: D () Delete
Name: MATLOCK, TOM G
Address: 11584 MONTE VISTA
City-St-Zip: CHINO, CA 91710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REEVES, DAVID
Address: 8008 AGAPE LN
City-St-Zip: WAXHAW, NC 28173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HUTCHINSON, JOHN
Address: 7600 FARMBROOK DR
City-St-Zip: WAXHAW, NC 28173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM STAPLES

T

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date