

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001092

**Entity Name:** JAARS, INC.

**Current Principal Place of Business:**

7405 JAARS ROAD  
WAXHAW, NC 28173

**Current Mailing Address:**

P.O. BOX 248  
WAXHAW, NC 28173-0248

**FEI Number: 56-0818833**

**Certificate of Status Desired: No**

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

BOYLES, WILLIAM A  
301 EAST PINE STREET, SUITE 1400  
ORLANDO, FL 32801 US

*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

**Officer/Director Detail :**

Title P  
Name MCLENDON, WILLIAM  
Address 7905 AGAPE LN  
City-State-Zip: WAXHAW NC 28173

Title V  
Name DALY, CHUCK  
Address 6205 KELLY LYNN CT  
City-State-Zip: WAXHAW NC 28173

Title S  
Name HUTCHINSON, JOHN  
Address 7600 FARMBROOK DR  
City-State-Zip: WAXHAW NC 28173

Title T  
Name STAPLES, TIM  
Address 7405 DAVIS RD  
City-State-Zip: WAXHAW NC 28173

Title TD  
Name JOHNSON, DUANE  
Address 420 CANYON OAKS DR  
City-State-Zip: ARGYLE TX 76226

Title D  
Name MATLOCK, TOM G  
Address 11584 MONTE VISTA  
City-State-Zip: CHINO CA 91710

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TIM STAPLES**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date