2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED May 01, 2008 08:00 AN Secretary of State **DOCUMENT #498121** 1. Entity Name JACAR, INC. Principal Place of Business Mailing Address 5 NE LAGOON ISLAND COURT **5 NE LAGOON ISLAND COURT** SEWALL'S POINT, FL 34996 SEWALL'S POINT, FL 34996 04212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1659421 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HECKENBERG, JACK H. DO NOT WRITE 5. N.E LAGOON ISLAND COURT SEWALL'S POINT, FL 34996 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 SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U00000940943 05/28/08-80086-017 10. OFFICERS AND DIRECTORS **PTS** TITLE NAME HECKENBERG, JACK H. STREET ADDRESS **5 N.E. LAGOON ISLAND COURT** CITY-ST-ZIP SEWALL'S POINT, FL 34996 TOTLE HECKENBERG, JACK H. 5 N.E. LAGOON ISLAND COURT STREET ADDRESS SEWALL'S POINT, FL 34996 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-7IP TITLE

12. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/1

792-223-5592 Daytime Phone