


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000001092 1. Entity Name JAARS, INC.	
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Principal Place of Business 7405 JAARS ROAD WAXHAW, NC 28173	Mailing Address P.O. BOX 248 WAXHAW, NC 28173-0248
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number **56-0818833** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$81.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AKOVENKO, JAMES S
STREET ADDRESS	8001 KINGSLAND DRIVE
CITY-ST-ZIP	WAXHAW, NC 28173
TITLE	V
NAME	MCBRIDE, PHILLIP
STREET ADDRESS	6804 OLD RIDGE ROAD
CITY-ST-ZIP	WAXHAW, NC 28173
TITLE	S
NAME	JIMMEL, PATSY J
STREET ADDRESS	5618 DAVIS ROAD
CITY-ST-ZIP	WAXHAW, NC 28173
TITLE	T
NAME	GOLDING, KEVIN
STREET ADDRESS	7914 DEER LANE
CITY-ST-ZIP	WAXHAW, NC 28173
TITLE	CD
NAME	JOHNSON, DUANE
STREET ADDRESS	420 CANYON OAKS DRIVE
CITY-ST-ZIP	ARGYLE, TX 76226
TITLE	D
NAME	MATLOCK, TOM G
STREET ADDRESS	11584 MONTE VISTA
CITY-ST-ZIP	CHINO, CA 91710

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01/27/06-80003-010 70.00

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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 617, 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: Kevin M. Golding VP FINANCE 01-12-06 704-843-6406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #