


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90010 022 \*\*\*\*70.00

DOCUMENT # F05000001092			
1. Entity Name JAARS, INC.			
Principal Place of Business 7405 JAARS ROAD WAXHAW, NC 28173		Mailing Address P.O. BOX 248 WAXHAW, NC 28173-0248	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02272007 Chg-NP CR2E037 (12/06)	
4. FEI Number 56-0818833		Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOYLES, WILLIAM A 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKOVENKO, JAMES S	NAME	
STREET ADDRESS	8001 KINGSLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WAXHAW, NC 28173	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, PHILLIP	NAME	
STREET ADDRESS	6804 OLD RIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAXHAW, NC 28173	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMMEL, PATSY J	NAME	
STREET ADDRESS	5618 DAVIS ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAXHAW, NC 28173	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDING, KEVIN	NAME	
STREET ADDRESS	7914 DEER LANE	STREET ADDRESS	7007 CINDER RUN
CITY-ST-ZIP	WAXHAW, NC 28173	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DUANE	NAME	
STREET ADDRESS	420 CANYON OAKS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ARGYLE, TX 76226	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATLOCK, TOM G	NAME	
STREET ADDRESS	11584 MONTE VISTA	STREET ADDRESS	
CITY-ST-ZIP	CHINO, CA 91710	CITY-ST-ZIP	
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: <i>Kevin M. Golding</i> KEVIN M. GOLDING		Date: 03-13-07 Daytime Phone #: 704-843-6406	