

# 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