

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H84315

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC9229510357**

**Entity Name:** EARTHBALANCE CORPORATION

**Current Principal Place of Business:**

2579 N. TOLEDO BLADE BOULEVARD  
NORTH PORT, FL 34289

**Current Mailing Address:**

C/O JACK O. HACKETT II  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**FEI Number:** 59-2612208

**Certificate of Status Desired:** No

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

HACKETT, JACK O II  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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:** JACK O HACKETT II

04/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VSD  
Name KOCUR, CHARLES LJR  
Address 27320 EGRET PL.  
City-State-Zip: PUNTA GORDA FL 33983

Title CVPD  
Name ROSS, DONALD H  
Address 2579 N. TOLEDO BLADE BOULEVARD  
City-State-Zip: NORTH PORT FL 34289

Title VPT  
Name BURNETT, KAREN F  
Address 2579 N. TOLEDO BLADE BOULEVARD  
City-State-Zip: NORTH PORT FL 34289

Title VP  
Name LAROQUE, SARAH J  
Address 2579 N. TOLEDO BLADE BOULEVARD  
City-State-Zip: NORTH PORT FL 34289

Title PD  
Name WALTIMYER, WADE R  
Address 2579 N. TOLEDO BLADE BOULEVARD  
City-State-Zip: NORTH PORT FL 34289

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

**SIGNATURE:** WADE R. WALTIMYER

**PRESIDENT**

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date