

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84315

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	VPT
Name	BURNETT, KAREN F
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

Title	CVPD
Name	ROSS, DONALD H
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

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