

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H84315

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** EARTHBALANCE CORPORATION

**Current Principal Place of Business:**

2579 N. TOLEDO BLADE BOULEVARD  
NORTH PORT, FL 34289 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2612208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HACKETT, JACK O II  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: VSD  
Name: KOCUR, CHARLES L JR  
Address: 27320 EGRET PL.  
City-St-Zip: PUNTA GORDA, FL 33983 US

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

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

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

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

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: DONALD H. ROSS

VP

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date