

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000930

FILED  
Feb 14, 2009  
Secretary of State

Entity Name: THE EOD MASTERBLASTERS, INC.

**Current Principal Place of Business:**

61 BALL COURT  
CRAWFORDVILLE, FL 323275854 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 87  
CRAWFORDVILLE, FL 323260087 US

**New Mailing Address:**

FEI Number: 59-3177107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUTTON, MARSHALL B  
61 BALL COURT  
CRAWFORDVILLE, FL 323275854 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: HUGHES, GEORGE M  
Address: 908 PITTS AVENUE  
City-St-Zip: PANAMA CITY, FL 324046550 US

Title: VP ( ) Delete  
Name: MCMASTER, JACK R  
Address: 4807 MEADOW LAKE DRIVE  
City-St-Zip: CRESTVIEW, FL 325396321 US

Title: S ( ) Delete  
Name: DUTTON, MARSHALL B  
Address: 61 BALL COURT  
City-St-Zip: CRAWFORDVILLE, FL 323275854 US

Title: T ( ) Delete  
Name: DUTTON, MARSHALL B  
Address: 61 BALL COURT  
City-St-Zip: CRAWFORDVILLE, FL 323275854 US

Title: D ( ) Delete  
Name: HOLLEN, JAMES R  
Address: 113 MEADOW WOODS LN  
City-St-Zip: NICEVILLE, FL 325783913 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MCMASTERS, JACK R  
Address: 4807 MEADOW LAKE DRIVE  
City-St-Zip: CRESTVIEW, FL 325396321 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BROOKING, ROB J  
Address: 986 JOHN WAYNE CIR  
City-St-Zip: FT. WALTON BEACH, FL 325474283 US

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: MARSHALL B. DUTTON

S

02/14/2009

Electronic Signature of Signing Officer or Director

Date