

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F95000001881**

1. Entity Name  
**CALCIUM SILICATE CORP., INC.**



Principal Place of Business  
**601 WATSON FARM RD.  
LAKE HARBOR, FL 33459**

Mailing Address  
**P.O. BOX 405  
LAKE HARBOR, FL 33459**



04172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1434995**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARK C. ELIZER  
15550 BELLANCA LANE  
WELLINGTON, FL 33414**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000912499  
05/07/08-80081-022 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ELIZER, MARK C
STREET ADDRESS	15550 BELLANCA LANE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VD
NAME	CONZELMAN, JOSPEH H
STREET ADDRESS	500 OFFICE PARK CIRCLE SUITE 200
CITY-ST-ZIP	BIRMINGHAM, AL 35223
TITLE	SD
NAME	CONSTANTINO, THOMAS F
STREET ADDRESS	19125 62ND PLACE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	TD
NAME	FOGEL, RONALD L
STREET ADDRESS	221 PARADISE POINT LN.
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-08 863-902-0217**

Date

Daytime Phone #