## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011512

Entity Name: WASTE NOT WANT NOT, INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1991 SUSSEX DR EAST PRANGE PARK, FL 32073 Current Mailing Address:				1991 SUSSEX DR EAST ORANGE PARK, FL 32073 New Mailing Address:		
FEI Number	: 35-2244427	FEI Number Applied For ( )	FEI Nun	nber Not Appl	plicable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:		Name and	d Address of New Registered Agent:	
CODINI, LINDA 1991 SUSSEX DR EAST PRANGE PARK, FL 32073 US				CODINI, LINDA 1991 SUSSEX DR EAST ORANGE PARK, FL 32073 US		
	e named entity e of Florida.	submits this statement for the	e purpose o	f changing i	its registered office or registered agent, or both,	
SIGNATURE:				04/19/2006		
	Electro	nic Signature of Registered A	gent		Date	
OFFICER	S AND DIREC	CTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PS ( CODINI, LIND/ 1991 SUSSEX ORANGE PAR	DR E		Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition CODINI, LINDA 1991 SUSSEX DR E ORANGE PARK, FL 32073	
Title: Name: Address: City-St-Zip:	D ( STAUDT-KILLI 2537 HOLLY F ORANGE PAR	POINT E		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( CONLIN, JUNE 1904 BLUEBC ORANGE PAR	NNET WAY		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( FAGGARD, SU 4355 WATER JACKSONVILL	OAK LANE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( GARMUS, DAN 1935 SALT MY ORANGE PAR	RTLE LANE		Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	S ( ) Change (X) Addition WORTH, JOYCE 2548 LANG AVENUE ORANGE PARK, FL 32073	

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA L. STAUDT-KILLEA D 04/19/2006