

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000042370

**Entity Name:** WASTE NOT, INC.

**Current Principal Place of Business:**

3941 BRYN MAWR STREET  
ORLANDO, FL 32808

**FILED**  
**Apr 22, 2016**  
**Secretary of State**  
**CC3260502667**

**Current Mailing Address:**

540 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number: 26-2900188**

**Certificate of Status Desired: No**

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

CALABRESE, ALEXIS  
540 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714 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:** ALEXIS CALABRESE

04/22/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name CHIARI, EDUARDO A  
Address 540 DOUGLAS AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DVP  
Name CALABRESE, PAULA  
Address 540 DOUGLAS AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DS  
Name CALABRESE, MARYLOU  
Address 540 DOUGLAS AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DT  
Name CALABRESE, ALEXIS  
Address 540 DOUGLAS AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name CALABRESE, THOMAS  
Address 540 DOUGLAS AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name CALABRESE, EUGENE  
Address 540 DOUGLAS AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** PAULA CALABRESE

**DIRECTOR**

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date