

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000042370

**Entity Name:** WASTE NOT, INC.**Current Principal Place of Business:**3941 BRYN MAWR STREET  
ORLANDO, FL 32808**Current Mailing Address:**PO BOX 161417  
ALTAMONTE SPRINGS, FL 32716 US**FEI Number:** 26-2900188**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALABRESE, ALEXIS  
3941 BRYN MAWR STREET  
ORLANDO, FL 32808 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

05/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP
Name	CHIARI, EDUARDO A
Address	PO BOX 161417
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DVP
Name	CALABRESE, PAULA
Address	PO BOX 161417
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DS
Name	CALABRESE, MARYLOU
Address	PO BOX 161417
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DT
Name	CALABRESE, ALEXIS
Address	PO BOX 161417
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	D
Name	CALABRESE, THOMAS
Address	PO BOX 161417
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	D
Name	CALABRESE, EUGENE
Address	PO BOX 161417
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

*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

DIR

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date