

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000004824

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**6425103254CC**

**Entity Name:** KANE BUSINESS SOLUTIONS , INC.

**Current Principal Place of Business:**

1471 AVONDALE AVENUE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1471 AVONDALE AVENUE  
JACKSONVILLE, FL 32205 US

**FEI Number:** 45-4153727

**Certificate of Status Desired:** No

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

KANE, JOAN  
1471 AVONDALE AVENUE  
JACKSONVILLE, FL 32205 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KANE, JOAN  
Address 1471 AVONDALE AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

Title VD  
Name KANE, JUSTIN  
Address 1524 N MARKET STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title STD  
Name KANE, DANA  
Address 1524 N MARKET STREET  
City-State-Zip: JACKSONVILLE FL 32206

*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:** JOAN KANE

**PRESIDENT**

**02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date