

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000004496

Entity Name: KANN ENTERPRISES, INC.**Current Principal Place of Business:**209 AMENDODGE DRIVE
SHOREWOOD, IL 32824**Current Mailing Address:**209 AMENDODGE DRIVE
SHOREWOOD, IL 32824 US**FEI Number:** 36-3586197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEAHY, PAUL
1001 TRADEPORT DRIVE
ORLANDO, FL 32824 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 :**

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|-----------------|---------------------|
| Title | P |
| Name | SNODE, DOUGLAS |
| Address | 209 AMENDODGE DRIVE |
| City-State-Zip: | SHOREWOOD IL 60404 |

| | |
|-----------------|---------------------|
| Title | TREASURER |
| Name | SNODE, LAURA |
| Address | 209 AMENDODGE DRIVE |
| City-State-Zip: | SHOREWOOD IL 32824 |

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|-----------------|---------------------|
| Title | SECRETARY |
| Name | MURPHY, NINA |
| Address | 209 AMENDODGE DRIVE |
| City-State-Zip: | SHOREWOOD IL 32824 |

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|-----------------|---------------------|
| Title | CHAIRMAN |
| Name | ARCHAMBEAULT, KELLY |
| Address | 209 AMENDODGE DRIVE |
| City-State-Zip: | SHOREWOOD IL 32824 |

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: ARCHAMBEAULT, KELLY**CHAIRMAN****03/25/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date