

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # P06000081775

1. Entity Name
CUSTOMIZED CROSSWORDS, INC.



Principal Place of Business
**1525 NORTH PARK DRIVE
102
WESTON, FL 33326**

Mailing Address
**1525 NORTH PARK DRIVE
102
WESTON, FL 33326**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0586348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANKUS, JOSEPH E
1525 NORTH PARK DRIVE
SUITE 102
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANKUS, STEPHANIE H
STREET ADDRESS 1525 NORTH PARK DRIVE, SUITE 102
CITY-ST-ZIP WESTON, FL 33326

TITLE VP
NAME ANKUS, STEPHANIE H
STREET ADDRESS 1525 NORTH PARK DRIVE, SUITE 102
CITY-ST-ZIP WESTON, FL 33326

TITLE S
NAME ANKUS, STEPHANIE H
STREET ADDRESS 1525 NORTH PARK DRIVE, SUITE 102
CITY-ST-ZIP WESTON, FL 33326

TITLE T
NAME ANKUS, STEPHANIE H
STREET ADDRESS 1525 NORTH PARK DRIVE, SUITE 102
CITY-ST-ZIP WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000774373
01/07/08-80012-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHANIE ANKUS

President

1-3-08

954-658-5541

Date

Daytime Phone #