

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # V54121**

1. Entity Name

**BRANSON HIGHLANDS DEVELOPMENT CORPORATION**



Principal Place of Business

**4367 N. FEDERAL HWY  
SUITE 209  
FT. LAUDERDALE FL 33308  
US**

Mailing Address

**4367 N. FEDERAL HWY  
SUITE 209  
FORT LAUDERDALE FL 33308  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

**65-0350255**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASE, CY J  
4367 N. FEDERAL HWY  
SUITE 209  
FT. LAUDERDALE FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VPSD  
CASE, CY J  
4367 N. FEDERAL HIGHWAY  
FT. LAUDERDALE FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**U00000614614  
02/06/07-80038-022 150.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PASD  
SEIDMAN, HARRY A  
6734 NEWPORT LAKE CIRCLE  
BOCA RATON FL 33496** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Change Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**SD  
CASORIA, PETER JR  
552 N.E. 34TH COURT  
FT. LAUDERDALE F; 33334** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Change Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Change Addition**

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**Change Addition**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Change Addition**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Cy J Case*  
**CY J CASE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-29-07 954-771-3500**  
Date Daytime Phone