

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # P01000015806

1. Entity Name
**KEYSTONE/GUNN HIGHWAY DEVELOPMENT
CORPORATION**



Principal Place of Business
**3821 HENDERSON BLVD.
TAMPA, FL 33629**

Mailing Address
**1525 W. HILLSBOROUGH AVE
TAMPA, FL 33603**



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0465319

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REIBER, SAM I
3821 HENDERSON BLVD.
TAMPA, FL 33629**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000753747
05/22/07-80033-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MALHI, D S
STREET ADDRESS	1515 RICHLAND ROAD
CITY-ST-ZIP	YUBA CITY, CA 95993
TITLE	D
NAME	BEDI, B S
STREET ADDRESS	11630 GREENSLEEVE AVE.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	VP
NAME	ARTZIBUSHEV, DIMITRI
STREET ADDRESS	1525 W. HILLSBOROUGH AVE.
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 any address, with all other like empowered.

SIGNATURE

PRES - DIMITRI ARTZIBUSHEV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07 813 2370529

Date

Daytime Phone

AUTHORIZED REP