2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000140

Title:

Name:

Address:

City-St-Zip:

Entity Name: HOLLADAY PROPERTY SERVICES MIDWEST INC

FILED Jul 12, 2005 Secretary of State

			DVVEST, INC.		
Current Principal Place of Business:			New Principal Place	of Business:	
227 SOUTH SOUTH BE	H MAIN STREE ND, IN 46601	ET, STE. 300			
Current Mailing Address:			New Mailing Address:		
227 SOUTH MAIN STREET, STE. 300 SOUTH BEND, IN 46601			830 FESSLER'S PARKWAY SUITE 111 NASHVILLE, TN 37210		
FEI Number:	52-2128493	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
SUITE 4	/ICES, INC. :UTIVE PARK FL 33331 US	DRIVE			
The above in the State		ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	c Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address:	PHAIR, JOHN T 227 SOUTH MAI	Delete	Title: Name:	() Change () Addition	
City-St-Zip:	SOUTH BEND, I		Address: City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip:	D () HOLLADAY, WA	N 46601 Delete LLACE F JR ENUE NW, STE. 500		()Change ()Addition	
Title: Name: Address:	D () HOLLADAY, WA 3400 IDAHO AV WASHINGTON, VP () GIBSON, THOM	N 46601 Delete LLACE F JR ENUE NW, STE. 500 DE 20016 Delete AS C PKWY., STE. 100	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS C. GIBSON VP 07/12/2005

() Delete

() Change (X) Addition

JORGE, BARBONTIN JR

MIAMI, FL 33125

1321 NW 14TH STREET STE 509