2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F99000006705

1. Entity Name

I & R PROPERTIES, INC.



Principal Place of Business

TIMIN, GARY

9 CORPORATION CENTER BROADVIEW HEIGHTS, OH 44147 Mailing Address

9 CORPORATION CENTER BROADVIEW HEIGHTS, OH 44147

FILED Mar 18, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03122004	No Chg-P	CR28	E034 (10/03)
4. FEI Number			Applied For
34-1387797			Not Applicable
5. Certificate of Status Desired			\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent DO NOT WRITE 106 EAST COLLEGE AVE., SUITE 1200 TALLAHASSEE, FL 32312 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 tamillar with, and accept the obligations of registered agent.

DATE (NOTE, Registered Agent signature regulated when reinstating)

Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11000000091630 18704-80016-017 OFFICERS AND DIRECTORS 10. PTCD RITLE NAME INKS, DANIEL E 3617 CHAPLETON COURT STREET ADDRESS CITY-ST-ZIP RICHFIELD, OH 44286 VD TITLE REAGAN, GERALD A NAME 6555 ABERDEEN LANE STREET ADDRESS CITY - ST - ZIP MEDINA, OH 44256 7171 5 NAME PALIGA, LAURA I 5920 CADY ROAD STREET ADDRESS DO NOT WRITE NORTH ROYALTON, OH 44133 CITY - ST - 78P IN THIS SPACE TITLE NARAF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY - \$1 - ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oaith; 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:

President