


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000006705 1. Entity Name I & R PROPERTIES, INC.	
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Principal Place of Business 9 CORPORATION CENTER BROADVIEW HEIGHTS, OH 44147	Mailing Address 9 CORPORATION CENTER BROADVIEW HEIGHTS, OH 44147
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01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1387797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TIMIN, GARY 106 EAST COLLEGE AVE., SUITE 1200 TALLAHASSEE, FL 32312
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000236839 02/21/05-80031-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD INKS, DANIEL E 3617 CHAPLETON COURT RICHFIELD, OH 44286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO REAGAN, GERALD A 6555 ABERDEEN LANE MEDINA, OH 44256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALIGA, LAURA I 5920 CADY ROAD NORTH ROYALTON, OH 44133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 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 are empowered

SIGNATURE: <u>X. Daniel Inks</u> President	Date <u>2/17/05</u>	Daytime Phone # <u>440-838-4868</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		