


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000089743 1. Entity Name CONTROL CONSULTANTS OF AMERICA INC.	
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Principal Place of Business 3800 179TH STREET HAMMORRD, ID 46323	Mailing Address 1344 5TH AVENUE PITTSBURGH, PA 15219
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DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1802862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEWIS, ROBERT J 5393 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, ROBERT J 5393 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRICH, DONALD 1344 5TH AVENUE PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, ASHLEY 1344 5TH AVENUE PITTSBURGH, PA 15219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEWIS, ROBERT J 5393 GULF OF MEXICO DRIVE LONG BOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000102862
04/05/04-80033-004 150.00

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 like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DiPardo Baldacci & Co., P.C.
Certified Public Accountants
2001 Bankville Rd. • Pittsburgh, Pa. 15218

Daytime Phone #