

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000094287

1. Entity Name
FEEGEL'S FIREHOUSE, INC.



Principal Place of Business
401 SOUTH ALBANY AVENUE
TAMPA, FL 33606 US

Mailing Address
C/O ELIZABETH ANN JAMISON
5695 LONG ISLAND DRIVE
ATLANTA, GA 30327 US

FILED
May 06, 2005 08:00 AM
Secretary of State



05042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3607996
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
JAMISON, ELIZABETH A
5695 LONG ISLAND DRIVE
ATLANTA, GA 30327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FEEGEL, JOHN R JR
P.O. BOX 715
PURCELLVILLE, VA 20132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FEEGEL, MARK R
5166 HORESHOE PLACE NE
ST. PETERSBURG, FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERHARDT, CATHERINE F
3904 SOUTH KENWOOD
TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FEEGEL, THOMAS K
532 RIALTO AVENUE
VENICE, CA 90291

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000364402
05/06/05-80039-021 150.00

**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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth F. Jamison Elizabeth F. Jamison 5/3/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #