

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P99000094287**

1. Entity Name  
**FEEGEL'S FIREHOUSE, INC.**



**FILED**  
**May 15, 2006 08:00 AM**  
**Secretary of State**

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**



05112006 No Chg-P CR2E034 (11/05)

**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

**5. 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 6, 2006**

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

U000000564329  
05/20/06-80059-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Elizabeth A. Jamison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #