## TO200001394

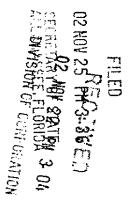
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Tallahasseefl 32362 (Address)						
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## APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO:	Division of Corporations Post Office Box 6327			
	Tallahassee, FL 32314  Name & address to whom acknowledgment should be sent:			
	Bill Ponle			
	7047 Loldon For 1-10			
	2982 bolden Eagletr			
	19/1ahassee FL 323/2			
	Daytime Telephone number	(850 ) 443-5808 Daytime Telephone number		
	PART I			
1. (a)	Applicant's name: William E. Pook			
(b)	) Applicant's business address: 1820 N. Mouroe ST			
	Tallchuser FL 32303			
(c)	Applicant's telephone number: (850) 443~5808 Chystaterzip			
	Individual □ Corporation □ Joint Venture □ Other:			
	General Partnership			
	er than an individual,			
(1) Flo	lorida registration number: (2) Domicile State:	<del></del> ,-		
(3) Fe	ederal Employer Identification Number:			
2. (a)	If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)			
Ax	Staurant (Food)			
	STRACTION OF THE STREET OF THE			
	TEST 3			
(b)	If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)	<del></del>		
	The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures,			
Me	evu, sigus, T-Shirts, labels, Occals, Flyers, brochurs, adventisements	<u>.</u>		
	(Confinued)			

	- · · · - · · ·		
d) The class(es) in which	th goods or services fall:		
.,		lla case S	
*	Class 42 Misce	IGNEOUZ	
	PAR		
		ed company (must include month, da	
(a) Date first used anyv	/here: 11/8/02	(b) Date first used in Florida:	8/02
	PAR	et III	
1. The mark to be regis	tered is: (If logo/design is included r less.)	I, please give brief written description	on which
1 Fresh St	ir Fry. A circle with	1 and Frosh Sty F.	y written,
	g		•
Part Pate Properties			
English Translation			
2. DISCLAIMER (if a	oplicable)		
NO CLAIM IS MADE	TO THE EXCLUSIVE RIGHT TO	O USE THE TERM " S+i \crim " APART FROM THE MAI	try
		" APART FROM THE MAI	RK AS SHOWN.
the right to use such mark in be mistaken therefor. I mal	Florida either in the identical form or in the this affidavit and verification on my/th ntents thereof and that the facts stated her		ceive or confuse or to
	William EVO	name of applicant	
	Typed or printed	name of applicant	SS SS
1.	Applicant's signature or au	athorized person's signature	
STATE OF FLE		e and title)	で で で で で で で で で で で で で で
73	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	SEE. S PI
COUNTY OF Web	Δ Δ	-0.	-33 · -
	November , 2007	2, William E Poole	SIA personally
appeared before me,	Unaventa ma	ity I proved on the basis of <u>FL Ori</u>	Vec Zight
Pull — 925 —	18-379-0 whose identify	ity i proved on the basis of italian	<i>γ-1</i> 3 - <b>4</b> 2
	BONDED INKIN IBOA FERIK MERIKENICE IN JOUNGLIÁ SÇ 508Ç YILL COMMISSION * DDISYISY EXI	Notary Public Signal	en lure
		Notary's Printed Nar	· · · · · · · · · · · · · · · · · · ·
aserijej,	My Com	mission Expires: 1 -2-4-	-01a

Judy Sadler
MY COMMISSION # DD127124 EXPIRES
January 24, 2006
BONDED THEN TROY FAIN INSURANCE INC.

FEE: \$87.50 per class

