

T05000000003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
789/2928/304/
740/67/
"Inc"

Your mark should be reg ~~as~~ SM.
Please add your services to Part I 2(a). You are rendering the services of a "Health Fitness Studio"



100043441971

12/20/04--01061--006 **87.50

5

W04 - 46559

T05-3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN -3 AM 10:01





FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 21, 2004

QUIK'N FIT INC.
106 GEORGE ELLIS POINT ROAD
FREEPORT, FL 32439

SUBJECT: QUIK'N FIT INC. AND DESIGN OF THE "I" OF "QUIK" & "FIT"
BEING REPRESENTED BY THE BODY OF A WOMAN
Ref. Number: W04000046559

We have received your document for QUIK'N FIT INC. AND DESIGN OF THE "I" OF "QUIK" & "FIT" BEING REPRESENTED BY THE BODY OF A WOMAN and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list a more specific service in #2(a) in Part I of the application.

Your mark should be registered as a service mark. Please add your services to Part I 2.(a) of the application. You are rendering the services of a "HEALTH FITNESS STUDIO."

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "INC."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 504A00070885

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:

QUICK'N FIT INC.
106 GEORGE ELLIS PT RD
FREEPORT, FL 32439
(850) 974-5010
Daytime Telephone number

PART I

1. (a) Applicant's name: QUICK'N FIT INC.

(b) Applicant's business address: 650 U.S. HWY 331 S
DEFUNIAK SPRINGS, FL 32435
City/State/Zip

(c) Applicant's telephone number: (850) 951-1162
 Individual Corporation Joint Venture Other
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: P041900142029 (2) Domicile State: FL
(3) Federal Employer Identification Number: 01-0822367

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.)

HEALTH FITNESS STUDIO

(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.)

T-Shirts, Gym wear, Nutritional products

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

Labels, newspaper, brochures, Flyers, advertisements

(d) The class(es) in which goods or services fall:

CLASS 91

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: NOV 15, 2004 (b) Date first used in Florida: NOV 15, 2004

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

IT CONSISTS OF THE NAME QUIK'N FIT INC. WITH
THE "I" OF QUIK'N FIT BEING REPRESENTED BY THE BODY
OF A WOMAN.

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "INC."
" APART FROM THE MARK AS SHOWN.

I, David V. Monteleone, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

David V. Monteleone
Typed or printed name of applicant
[Signature]
Applicant's signature or authorized person's signature
(List name and title)

FILED
STATE
DIVISION OF CORPORATIONS
05 JAN -3 AM 10:01

STATE OF Florida

COUNTY OF Walton

On this 17th day of December, 2004, David V. Monteleone personally appeared before me,

who is personally known to me whose identity I proved on the basis of _____

(Seal)  Jennifer P. Mims
Commission #DD253945
Expires: Sep 28, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

[Signature]
Notary Public Signature
Jennifer P. Mims
Notary's Printed Name

My Commission Expires: Sep. 28, 2007

FEE: \$87.50 per class



A Lifestyle of Success

650 Hwy 331 S
DeFuniak Springs, FL 32435
850-951-1112
Chautauqua Health & Wellness Center

Quik'n Fit is a Woman's health Studio, offering 24 station circuit, aerobic equipment, nutritional classes, and behavioral change classes. Quik'n fit is designed to meet the needs of today's woman through quality equipment and expanded hours of service. Quik'n fit has been developed by a seasoned physical therapist and is strategically placed in a health and wellness center, which also offers exercise classes; massage therapy, facials, counseling, and physical therapy.

Hours: Monday through Thursday 6 a.m.-9 p.m.
Friday 6 am-8 pm
Saturday 10 am – 2 pm

30-minute 24-station circuit on Mon, Wed, Fri,
45-minute circuit on Tue, Thur, Sat.
Includes aerobic equipment

First class Free with adequate documentation

Special Introductory Rate: \$30.00 / 6 weeks.
Includes 4 body measurements (axilla, waist, hips, thighs);
Weight, Height, MBI and demonstration of all the machines.
First 50 to sign up will receive a **free T-shirt**.
What a deal!

Weekly fee \$15.00
Monthly fee \$40.00
Year Commitment \$30. per month
2 Year Commitment \$25.00 per month

Mini-Assessment \$50. Highly recommended includes body fat analysis, Waist to Hip Ratio analysis, flexibility assessment, body girth measurements, orientation to circuit equipment. Scheduled with a Certified Fitness Trainer. This package includes one free FIM class, one week free Quik'n Fit, and one free group session of choice with Jon Kinsey or nutritional group with Marty Kernion

Call Jessica Monteleone at 951-1112 for more information.