

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90738 038 \*\*\*150.00

**DOCUMENT # P01000120585**

1. Entity Name  
**GAIL SEYMOUR PRODUCTIONS, INC.**



Principal Place of Business  
**5338 GRAND PALM CIR.  
DELRAY BCH, FL 33484**

Mailing Address  
**5338 GRAND PALM CIR.  
DELRAY BCH, FL 33484**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number

**80-0004087**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SLAVIN, GAIL J  
5338 GRAND PALM CIR.  
DELRAY BCH, FL 33484**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Gail J. Slavin*

**GAIL J. SLAVIN**

**4-28-04**

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SLAVIN, GAIL J**  
STREET ADDRESS **5338 GRAND PALM CIR.**  
CITY-ST-ZIP **DELRAY BCH, FL 33484**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Gail J. Slavin*

**GAIL J. SLAVIN**

**4-28-04**

**561-  
499.0044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 22, 2004

GAIL SEYMOUR PRODUCTIONS, INC.  
5338 GRAND PALM CIR.  
DELRAY BCH, FL 33484

SUBJECT: GAIL SEYMOUR PRODUCTIONS, INC.  
Ref. Number: P01000120585

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 204A00026741

Attachment

54048563

#P01000120585

*Gail Seymour Productions, Inc.*

GSPI Aromatherapy Products and Home Spa Kits  
5338 Grand Palm Circle / Delray Beach, FL 33484  
P O Box 8381 / Delray Beach, FL 33482  
Tel: 561-499-0044 / Cell: 561-445-3738  
Email: relax2sleep@aol.com

Certified Mail – Return Receipt Requested

April 20, 2004

Florida Dept. of State  
Division of Corporations  
Secretary of State  
P O Box 6198  
Tallahassee, FL 32314-6198

Re: Corporate status renewal payment  
Gail Seymour Productions, Inc.

Dear Friends:

I confirmed GSPI's corporate status and updated / confirmed the corporation's information online several days ago, but I was unable to download your document to accompany the payment or to go to the section online to pay online via credit card.

Enclosed please find my check #1069 in the amount of \$150 (one hundred and fifty dollars and no cents), dated 4-14-04, payable to Florida Dept. of State, Div. of Corporations, marked "annual renewal fee".

Thank you.

Sincerely,



Gail Slavin aka Gail Seymour  
President and CEO

P01-120585