

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 538049

Entity Name: SALLY INDUSTRIES, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

745 W FORSYTH ST
ATTN: JOHN H. WOOD
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

C/O SMITH HULSEY & BUSEY
PO BOX 53315
JACKSONVILLE, FL 322013315

New Mailing Address:

FEI Number: 59-1788625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, HULSEY & BUSEY, PROFESSIONAL ASSOC
225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STVD () Delete
Name: COLEMAN, WILLIAM
Address: 745 W FORSYTH ST
City-St-Zip: JAX, FL 32204 US

Title: D () Delete
Name: MASTERSON, ROBERT
Address: 4728 MAJOR BLVD., SUITE 700
City-St-Zip: ORLANDO, FL 32819 US

Title: D () Delete
Name: KELLEY, HOWARD W. JR.,
Address: 745 W FORSYTH ST
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: CD () Delete
Name: WOOD, JOHN H.,
Address: 745 W FORSYTH ST
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: FOSTER, JR., RONALD, H
Address: 2900 HARTLEY RD
City-St-Zip: JACKSONVILLE, FL 32227 US

Title: D () Delete
Name: HOUSTON, CLANCY
Address: 745 W. FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM COLEMAN

STVD

05/01/2008

Electronic Signature of Signing Officer or Director

Date