



Comptroller of Public Accounts FORM 05-102 (9-09/29) Tcode 13196

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLC) and Financial institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Taxpayer number

3 2 0 3 8 1 9 7 4 6 6

■ Report year

2 0 1 0

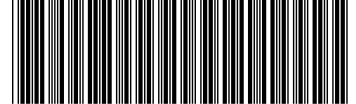
**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name <b>LONE STAR HOLIDAYS INC</b>				
Mailing address <b>701 BRAZOS ST STE 720</b>				Secretary of State file number or Comptroller file number <b>0801043088</b>
City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>	Plus 4 <b>2556</b>	

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business



3203819746610

*Please sign below!*

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or member.

Name <b>JEFF WOMACK</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>14811 CYPRESS MEADOW DR.</b>	City <b>CYPRESS</b>	State <b>TX</b>	ZIP code <b>77429</b>
Name <b>RYAN JOHNSON</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>14811 CYPRESS MEADOW DR.</b>	City <b>CYPRESS</b>	State <b>TX</b>	ZIP code <b>77429</b>
Name <b>CHRIS VYVIAL</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>14811 CYPRESS MEADOW DR.</b>	City <b>CYPRESS</b>	State <b>TX</b>	ZIP code <b>77429</b>

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
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Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: **BUSINESS FILINGS INCORPORATED**  Blacken circle if you need forms to change the registered agent or registered office information.

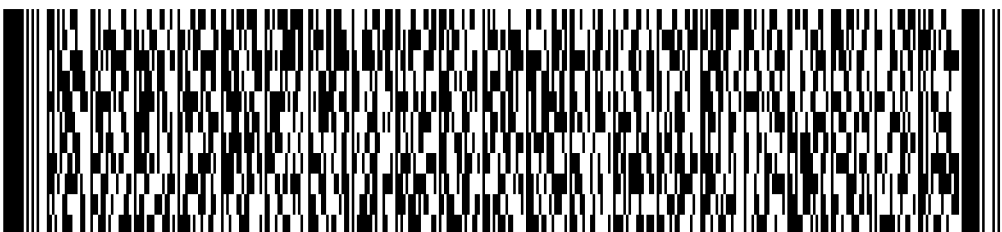
Office: **701 BRAZOS STREET, SUITE 720** City **AUSTIN** State **TX** ZIP Code **78701**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here  Title  Date  Area code and phone number **(832 ) 334 - 3945**

**Texas Comptroller Official Use Only**



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