



Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

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 2

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 (800) 252-1381 or (512) 463-4600.

Taxpayer name LONE STAR HOLIDAYS INC.				
Mailing address 14811 CYPRESS MEADOW DR				Secretary of State (SOS) file number or Comptroller file number 0801043088
City CYPRESS	State TX	ZIP Code 77429	Plus 4 1902	

● 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



3203819746612

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

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent 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 10 percent 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)	<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.
Agent: BUSINESS FILINGS INCORPORATED	
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 DIRECTOR	Date 02/08/2012	Area code and phone number (832) 304 - 4574
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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