



05-102
(Rev.9-13/32)

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

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

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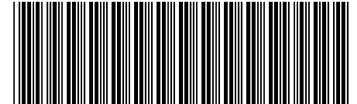
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You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name LONE STAR HOLIDAYS INC				<input checked="" type="checkbox"/> Blacken circle if the mailing address has changed.			
Mailing address 14811 CYPRESS MEADOW DRIVE						Secretary of State (SOS) file number or Comptroller file number	
City CYPRESS		State TX		ZIP Code 77429		Plus 4 1908	

● 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



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Please sign below!

Officer, director and manager 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 managers change throughout the year.

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

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

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

Registered agent and registered office currently on file (see instructions if you need to make changes)				<input type="checkbox"/> Blacken circle if you need forms to change the registered agent or registered office information.					
Agent: BUSINESS FILINGS INCORPORATED									
Office: 701 BRAZOS ST, 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 manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here	Title DIRECTOR	Date 2/21/2014	Area code and phone number () -
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Texas Comptroller Official Use Only

05-102|(Rev.9-13/32)|13196|32038197466|2014|Fri Feb 21 15:33:02 GMT-0600 2014|9997|0|

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