

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90013 049 ***150.00

DOCUMENT # F05000001167

1. Entity Name
LONESTAR KER CORP.



Principal Place of Business
**5809 YOUNG WORTH DRIVE
FLOWER MOUND, TX 75028**

Mailing Address
**5809 YOUNG WORTH DRIVE
FLOWER MOUND, TX 75028**

DO NOT WRITE IN THIS SPACE



06052006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2038417

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RILEY, DAVID
4656 NORTH BRIDGE DRIVE APT. 304
ORLANDO, FL 32839
110 Habersham Drive
Longwood, FLA 32779

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *6/12/06*

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
RILEY, DAVID
5809 YOUNG WORTH DRIVE
FLOWER MOUND, TX 75028

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCD
RILEY, JANET
5809 YOUNG WORTH DRIVE
FLOWER MOUND, TX 75023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #