

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Comptroller
of Public
Accounts
FORM

05-102

(9-09/29)

Tcode 13196

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

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

Taxpayer number

1 | 7 | 6 | 0 | 3 | 4 | 7 | 8 | 0 | 2 | 9 |

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

DAYSTAR PHARMACY, INC.

Mailing address

P.O. BOX 307

City

LAKE JACKSON

State

TX

ZIP Code

77566

Plus 4

0307

Secretary of State file number or

Comptroller file number

0120177900

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

122 WEST WAY, STE 400 LAKE JACKSON, TX 77566

Principal place of business

3909 BAILEY MANVEL TX 77578

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.



1760347802910

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

Name

CLAY HILL

Mailing address

3926 BAHLER

Name

EVERET E. KENNEMER, III

Mailing address

P.O. BOX 307

Name

Title

PRESIDENT

City

MANVEL

Title

VICE-PRES.

City

LAKE JACKSON

Title

Director

☒ YESTerm
expiration

m m d d y y

State
TXZIP code
77578

Director

☒ YESTerm
expiration

m m d d y y

State
TXZIP code
77566

Director

☐ YESTerm
expiration

m m d d y y

State

ZIP code

Mailing address

City

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

NONE

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

C&E INVESTMENTS, INC.

State of formation

TX

Texas SOS file number, if any

0115627800

Percentage of Ownership

100.00

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: EVERET E. KENNEMER, III

☒ Blacken circle if you need forms to change the registered agent or registered office information.

Office: 8 WEST WAY COURT

City

LAKE JACKSON

State

TX

ZIP Code

77566

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
hereTitle
CFODate
9/10/10Area code and phone number
(979) 299 - 3222

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