

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089
		<b>2009</b>
		<b>This Form is Open to Public Inspection</b>

<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2007</u> and ending <u>12/31/2007</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<b>1a</b> Name of plan <u>COMMERCIAL TRUCK TERMINAL, INC. PROFIT SHARING AND 401(K) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ► <u>001</u> <b>1c</b> Effective date of plan <u>08/31/1966</u>
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>COMMERCIAL TRUCK TERMINAL, INC.</u>  <u>P O BOX 1879</u> <u>DUNDEE, FL 33838</u>	<b>2b</b> Employer Identification Number (EIN) <u>59-1011385</u> <b>2c</b> Sponsor's telephone number <u>863-557-5468</u> <b>2d</b> Business code (see instructions) <u>447100</u>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/28/2010</u>	<u>RICK PARTON</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

**Form 5500 (2009)**  
**v.092307.1**

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") COMMERCIAL TRUCK TERMINAL, INC.  P O BOX 1879 DUNDEE, FL 33838	<b>3b</b> Administrator's EIN 59-1011385  <b>3c</b> Administrator's telephone number 863-557-5468
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<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	33
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<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	23
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	2
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	6
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	31
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	31
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	20
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	4

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2E 2F 2G 2J 2K 3E 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☐ **R** (Retirement Plan Information)  
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☐ **H** (Financial Information)  
 (2) ☒ **I** (Financial Information – Small Plan)  
 (3) ☐ **A** (Insurance Information)  
 (4) ☐ **C** (Service Provider Information)  
 (5) ☒ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ► <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2009</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

<b>A</b> Name of plan COMMERCIAL TRUCK TERMINAL, INC. PROFIT SHARING AND 401(K) PLAN	<b>B</b> Three-digit plan number (PN) ► 001
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 COMMERCIAL TRUCK TERMINAL, INC.	<b>D</b> Employer Identification Number (EIN) 59-1011385

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: SUNTRUST STABLE ASSET FUND

**b** Name of sponsor of entity listed in (a): SUNTRUST BANK

<b>c</b> EIN-PN 62-1240517-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 867643
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

<b>SCHEDULE I</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information—Small Plan</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2009</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2009 or fiscal plan year beginning <span style="float:right">01/01/2007</span> and ending <span style="float:right">12/31/2007</span>		
<b>A</b> Name of plan COMMERCIAL TRUCK TERMINAL, INC. PROFIT SHARING AND 401(K) PLAN	<b>B</b> Three-digit plan number (PN) <span style="float:right">►</span>	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 COMMERCIAL TRUCK TERMINAL, INC.	<b>D</b> Employer Identification Number (EIN)  59-1011385	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

<b>Part I</b>	<b>Small Plan Financial Information</b>
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

		(a) Beginning of Year	(b) End of Year
<b>1 Plan Assets and Liabilities:</b>			
<b>a</b> Total plan assets .....	<b>1a</b>	1186680	1207376
<b>b</b> Total plan liabilities .....	<b>1b</b>		
<b>c</b> Net plan assets (subtract line 1b from line 1a) .....	<b>1c</b>	1186680	1207376
<b>2 Income, Expenses, and Transfers for this Plan Year:</b>		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable:			
<b>(1)</b> Employers .....	<b>2a(1)</b>	1318	
<b>(2)</b> Participants .....	<b>2a(2)</b>	14443	
<b>(3)</b> Others (including rollovers) .....	<b>2a(3)</b>		
<b>b</b> Noncash contributions .....	<b>2b</b>		
<b>c</b> Other income .....	<b>2c</b>	58509	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....	<b>2d</b>		74270
<b>e</b> Benefits paid (including direct rollovers) .....	<b>2e</b>	44442	
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>	659	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>	1514	
<b>h</b> Administrative service providers (salaries, fees, and commissions) .....	<b>2h</b>		
<b>i</b> Other expenses .....	<b>2i</b>	6959	
<b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....	<b>2j</b>		53574
<b>k</b> Net income (loss) (subtract line 2j from line 2d) .....	<b>2k</b>		20696
<b>l</b> Transfers to (from) the plan (see instructions) .....	<b>2l</b>		

<b>3 Specific Assets:</b> If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.				
		Yes	No	Amount
<b>a</b> Partnership/joint venture interests .....	<b>3a</b>		X	
<b>b</b> Employer real property .....	<b>3b</b>		X	
<b>c</b> Real estate (other than employer real property) .....	<b>3c</b>		X	
<b>d</b> Employer securities .....	<b>3d</b>		X	
<b>e</b> Participant loans .....	<b>3e</b>	X		96210

	Yes	No	Amount
<b>3f</b> Loans (other than to participants) .....		X	
<b>g</b> Tangible personal property .....		X	

<b>Part II</b>	<b>Compliance Questions</b>
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<b>4</b>	During the plan year:	Yes	No	Amount
<b>a</b>	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....		X	
<b>b</b>	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....		X	
<b>c</b>	Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....		X	
<b>d</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....		X	
<b>e</b>	Was the plan covered by a fidelity bond? .....	X		200000
<b>f</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b>	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b>	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>i</b>	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....		X	
<b>j</b>	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>k</b>	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	X		
<b>l</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>n</b>	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**SCHEDULE R  
(Form 5500)**Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**This schedule is required to be filed under sections 104 and 4065 of the  
Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a)  
of the Internal Revenue Code (the Code).► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2007****This Form Is Open to  
Public Inspection.**

For calendar year 2007 or fiscal plan year beginning

and ending

**A** Name of plan**COMMERCIAL TRUCK TERMINAL, INC.****B** Three-digit  
plan number ►

001

**C** Plan sponsor's name as shown on line 2a of Form 5500**COMMERCIAL TRUCK TERMINAL, INC.****D** Employer Identification Number  
59-1011385**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

- 1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions
- 2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 20-3691658

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

- 3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

1

\$

3

**Part II Funding Information**

(If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

- 4** Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? ☐ Yes ☐ No ☐ N/A  
If the plan is a defined benefit plan, go to line 7.
- 5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver ► Month \_\_\_ Day \_\_\_ Year \_\_\_  
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.
- 6a** Enter the minimum required contribution for this plan year **6a** \$
- b** Enter the amount contributed by the employer to the plan for this plan year **6b** \$
- c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** \$

If you completed line 6c, skip lines 7 and 8 and complete line 9.

- 7** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

**Part III Amendments**

- 8** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) ☐ Increase ☐ Decrease ☐ No

**Part IV Coverage (See instructions.)**

- 9** Check the box for the test this plan used to satisfy the coverage requirements ☐ the ratio percentage test ☐ average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2007



2 2 0 7 4 2 0 1 0 I





# Bunting, Tripp & Ingley, LLP

CERTIFIED PUBLIC ACCOUNTANTS

A Tradition of Excellence for Over Seventy-Five Years



August 9, 2010

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DAVID W. ALLEN, CPA  
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PAUL T. SWYGERT, CPA  
MARYANN RUTTENBUR, CPA  
GLENN T. CLINE, CPA

Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0018

Re: Commercial Truck Terminal, Inc.  
P. O. Box 1879  
Dundee, FL 33838  
TIN: 59-1011385  
Form 5500 – Plan 001 – 12-31-2007

COPY

Dear Sirs:

Enclosed is a copy of your notice dated May 10, 2010 concerning the above taxpayer's 2007 Form 5500.

Our client responded to this notice by calling your agent "Katy" #0142840. This agent advised the taxpayer that your office would send them further instructions on how to comply with this letter. As of this date, those further instructions have not been received. Therefore, we have been asked by our client to respond.

We have enclosed a file copy of the taxpayer's Form 5500 prepared by Suntrust in Orlando, Florida. To the best of our client's knowledge, this form was filed on time when it was received from the bank on or around May 20, 2008. In that this date left plenty of time for the taxpayer to file by July 31, 2008, and based on the following information, we believe this form was filed by them.

We have enclosed a copy of page one of Form 5500 for the year 2006 and the year 2008 as well as the final short period tax return filed for 2008. As you can see these forms were signed and filed on time as well.

If you should need the taxpayers to refile the 2007 Form 5500 with your office electronically, please advise us of your decision and instructions as to how to accomplish this and avoid paying any type of penalty for refiling the return now.

We appreciate your assistance with this matter. Please do not hesitate to contact our office should you need further information. Enclosed is a POA authorizing our involvement with this matter.

Very truly yours,

Bunting, Tripp, & Ingley, LLP  
Certified Public Accountants

RAI/rm  
Enclosures

cc: Rick Parton, Commercial Truck Terminal, Inc.

Form **2848**  
(Rev. June 2008)  
Department of the Treasury  
Internal Revenue Service

# Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date / /

**Part I Power of Attorney**

**Caution:** Form 2848 will not be honored for any purpose other than representation before the IRS.

**1 Taxpayer information.** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

**COMMERCIAL TRUCK TERMINAL, INC.**

**P. O. BOX 1879**

**DUNDEE**

**FL 33838**

Social security number(s)

Employer identification  
number

**59-1011385**

Daytime telephone number

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s) must sign and date this form on page 2, Part II.**

Name and address

**ROGER A. INGLEY**

**P. O. BOX 990**

**LAKE WALES**

**FL 33859-0990**

CAF No. **6505-05602R**Telephone No. **863-676-7981**Fax No. **863-676-8899**Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

**3 Tax matters**

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
<b>INCOME</b>	<b>5500</b>	<b>2007</b>

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Uses Not Recorded on CAF** ☐

**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below.

Name of representative to receive refund check(s) ► \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see page 4 of the instructions.

Form **2848** (Rev. 6-2008)

**7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

**a** If you also want the second representative listed to receive a copy of notices and communications, check this box ☐

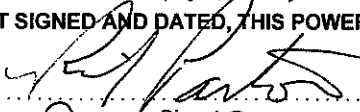
**b** If you do not want any notices or communications sent to your representative(s), check this box ☐

**8 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ☐

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**9 Signature of taxpayer(s).** If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

  
Signature  
Rick Panton  
Print Name

8/9/10  
Date

President  
Title (if applicable)

**COMMERCIAL TRUCK TERMINAL, INC.**

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

PIN Number

## Part II Declaration of Representative

**Caution:** Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
  - d** Officer—a bona fide officer of the taxpayer's organization.
  - e** Full-Time Employee—a full-time employee of the taxpayer.
  - f** Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
  - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 1 of the instructions.
  - k** Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
  - l** Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
  - r** Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.** See the Part II instructions.

Designation—Insert above letter (a-r)	Jurisdiction (state) or identification	Signature	Date
<b>B</b>	<b>FLORIDA</b>		<b>08/06/10</b>

ROD CD-TE

\*\* IF YOU HAVE ANY QUESTIONS, \*\*  
\*\* REFER TO THIS INFORMATION: \*\*  
NUMBER OF THIS NOTICE: CP-403  
DATE OF THIS NOTICE: 05-10-2010  
TAXPAYER IDENT. NUM: 59-1011385  
FORM: 5500 PLAN #: 001  
PLAN YEAR ENDING: 12-31-2007

OGDEN UT 84201-0018



011973

COMMERCIAL TRUCK TERMINAL INC  
XDEBRA HOLLIE  
132 MAIN STREET  
DUNDEE FL 33838-4200324

REQUEST FOR INFORMATION ABOUT YOUR FORM 5500 or FORM 5500-SF  
WRITTEN RESPONSE REQUIRED

Why Are You Getting This Notice?

We do not have a record of receiving your Form 5500 information from the Department of Labor's (DOL) Employee Benefits Security Administration (EBSA) for the plan number and/or plan period ending indicated below:

Plan Number	Plan Period Ending
001	12-31-2007

What You Need To Do

We urge you to review the items below, complete the appropriate section of this notice and return it to us by 06-10-2010.

1. If you filed the return within the last four weeks and used the name, employer identification number (EIN) and plan number shown above, disregard this notice.
2. Complete Section I of this notice if you have already filed the return.
3. Complete Section I of this notice if you filed the return using an EIN, plan name, plan number, or plan year ending different from those shown above.
4. Complete Section II of this notice if you are not required to file for the plan number and/or plan year ending shown above.
5. If you are required to file a Form 5500 or Form 5500-SF electronically and you need more information, go to [www.irs.gov/ef](http://www.irs.gov/ef) and click on electronic filing for employee plans.
6. If you are required to file a Form 5500 and have not filed, you may be eligible to participate in the DOL Delinquent Filer Voluntary Compliance Program (DFVCP), which allows for substantially reduced EBSA penalties for delinquent filers and eliminates the IRS penalty. Information about the DFVCP is available on DOL's website, [www.dol.gov/ebsa](http://www.dol.gov/ebsa). If you are eligible for and have satisfied the requirements for participation in the DFVCP, check the box below and enter the date that you applied for participation in the DFVCP.

002061

R0D CD-TE

NUMBER OF THIS NOTICE: CP-403  
DATE OF THIS NOTICE: 05-10-2010  
TAXPAYER IDENT. NUM: 59-1011385  
FORM: 5500 PLAN #: 001  
PLAN YEAR ENDING: 12-31-2007

COMMERCIAL TRUCK TERMINAL INC  
XDEBRA HOLLIE  
132 MAIN STREET  
DUNDEE FL 33838-4200324

[ ] DFVC Program Date applied \_\_\_\_\_

#### Penalties for not Filing

If you were required to file and failed to do so, you may be liable under DOL regulations for civil penalties of up to \$1,100 per day for each return/report, along with IRS penalties of \$25 per day (up to \$15,000).

#### How to Get Forms, Instructions and Publications

Forms, instructions and publications are available on the IRS website at [www.irs.gov](http://www.irs.gov) or by calling the IRS Forms Distributions Center toll-free at 1-800-TAX-FORM (1-800-829-3676).

#### How To Get Help

For more information about this notice, visit the Retirement Plans Community web page at [www.irs.gov/ep](http://www.irs.gov/ep), click on "EP FAQs" in the left navigational box and click on "Form 5500 Notices - CP 403/406" under Plan Operations or if you need additional information on whom should file, refer to Section 1 of the Form 5500 or Form 5500-SF instructions. If you do not find the information you need, call the IRS Help Line at 1-877-829-5500 (toll free).

#### Response Due Date

Please send the information to us by 06-10-2010.

#### How to Send the Information to Us

Depending on how you respond to this notice, send us the information using one of the following:

1. If you already filed, complete Section I of this notice and send it to the address located in the heading of this notice or fax it to us at 801-620-7116 (not toll-free).
2. If you are not required to file, complete Section II of this notice and send it to the address located in the heading of this notice or fax it to us at 801-620-7116 (not toll-free).
3. If you are responding to this notice for multiple Plans, please complete the applicable sections for each plan as indicated above.

NUMBER OF THIS NOTICE: CP-403  
DATE OF THIS NOTICE: 05-10-2010  
TAXPAYER IDENT. NUM: 59-1011385  
FORM: 5500 PLAN #: 001  
PLAN YEAR ENDING: 12-31-2007

COMMERCIAL TRUCK TERMINAL INC  
XDEBRA HOLLIE  
132 MAIN STREET  
DUNDEE FL 33838-4200324



011975

## COMPLETE AND RETURN WITH YOUR REPLY

## Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form

Employer Identification  
Number (EIN)

Plan Year Ending

Date filed with EBSA and Acknowledgement Plan Number

number:

*see attached  
file copy**on or about 7/15/08*

## Section II

Not Required to file

Please check the box that applies to you, a form was not filed  
because:

- ☐ Plan in question is a Savings Incentive Match Plan for  
Employees of Small Employers (SIMPLE) that involves  
SIMPLE IRAs.
- ☐ Plan in question is a Simplified Employee Pension (SEP).
- ☐ Plan was terminated or merged into a new plan. You must  
still file a "Final" return showing zero end-of-year assets,  
zero participants, and mark "the final return filed for  
the plan" box in part 1 of the form.
- ☐ Other:

## Section III

Reason for not filing on time

Explain why you did not file on time:



May 20, 2008

**Your Prompt Action Requested**  
**Time-Sensitive Information Enclosed**

Commercial Truck Terminal, Inc.  
Debra Hollie  
35647 U.S. Highway 27  
Haines City, FL 33844

Re: Plan Name: Commercial Truck Terminal, Inc. Profit Sharing and 401(k) Plan  
Plan Number: 293077-01  
Plan Year Ending: December 31, 2007

Dear Debra Hollie:

We recently completed the IRS Form 5500 and related schedules that must be filed for your 2007 Plan Year End. The following forms have been prepared:

Form 5500 - Annual Return/Report of Employee Benefit Plan  
Schedule D - DFE/Participating Plan Information  
Schedule I - Financial Information - Small Plan  
Schedule R - Retirement Plan Information  
Schedule SSA - Annual Registration Statement Identifying Separated Participants with Deferred Vested Benefits

You will need a printer that has the ability to print clear and crisp lines for the bar code. A laser jet printer or a high quality ink jet printer should be sufficient to produce a copy of the prepared forms for filing purposes. It is important to follow all printing instructions as listed on the first page of the Form 5500 and Related Schedules file. If you are unable to print the forms as specified please contact your compliance analyst to have a hard copy mailed.

Please complete the following items prior to submitting the Form 5500 with the Department of Labor's Employee Benefits Security Administration (EBSA) office:

- Review the 5500 to verify all the information is complete and accurate.
- The plan administrator, or an individual authorized to sign on behalf of the plan, should sign and date on the Employer/Plan Sponsor and Plan Administrator lines on page 1 of the Form 5500.
- The plan administrator, or an individual authorized to sign on behalf of the plan, should sign and date on the Plan Administrator line of the Schedule SSA
- Please retain a signed copy of the Form 5500 for your records.
- Do not staple or write on the original forms other than indicated in this letter.

**The deadline for filing the Form 5500 is July 31, 2008. To avoid penalties of up to \$1,100 per day you must ensure that the documents are postmarked on or before July 31, 2008. If you need additional time to complete your filing, please contact your compliance analyst or the Plan Support Center to request that an IRS Form 5558, Extension of Time to File be prepared. This form must be provided to the IRS prior to the original filing deadline of July 31, 2008.**

Please submit only the original copies of the forms to the EBSA. You will want to create and retain a signed copy for your records.

Certified Mail/Overnight  
EBSA/NCS  
Attn: EFAST  
3833 Greenway Drive  
Lawrence, KS 66046-1290

Regular Mail  
EBSA  
P.O. Box 7043  
Lawrence, KS 66044-7043

Summary Annual Report

Included for your review is the 2007 Summary Annual Report (SAR). This report was compiled using information found on the Form 5500 filing. The SAR must be distributed to all plan participants and beneficiaries no later than September 30, 2008. You may reprint this report on company letterhead, or copy and distribute as is. **While this notice is not filed with the Department of Labor, a copy should be retained as part of your permanent plan records with documentation as to whom it was distributed and the date of distribution.**

If you have any questions regarding the Form 5500 filing, please contact Adam Superchi at (303) 737-0244 or Plan Services at (800) 211-8757, where a plan service representative will be available to help you from 8:30 a.m. to 7:00 p.m. ET.

Sincerely,

Compliance Services

Enclosures



FILE  
COPY

Form **5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with  
the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210-0110  
1210-0089

**2007**

This Form is Open to  
Public Inspection.

**Annual Report Identification Information**

For the calendar plan year **2007** or fiscal plan year beginning

and ending

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here \_\_\_\_\_

**D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) \_\_\_\_\_

**Basic Plan Information** — enter all requested information.

<b>1a</b> Name of plan COMMERCIAL TRUCK TERMINAL, INC. PROFIT SHARING AND 401(K) PLAN	<b>1b</b> Three-digit plan number (PN) ► 001
	<b>1c</b> Effective date of plan (mo., day, yr.) 08/31/1966
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) COMMERCIAL TRUCK TERMINAL, INC.  35647 U.S. HIGHWAY 27  HAINES CITY FL 33844	<b>2b</b> Employer Identification Number (EIN) 59-1011385
	<b>2c</b> Sponsor's telephone number 863-422-1148
	<b>2d</b> Business code (see instructions) 447100

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator

Date

Type or print name of individual signing as plan administrator

Signature of employer/plan sponsor/DFE

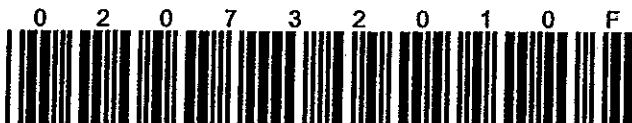
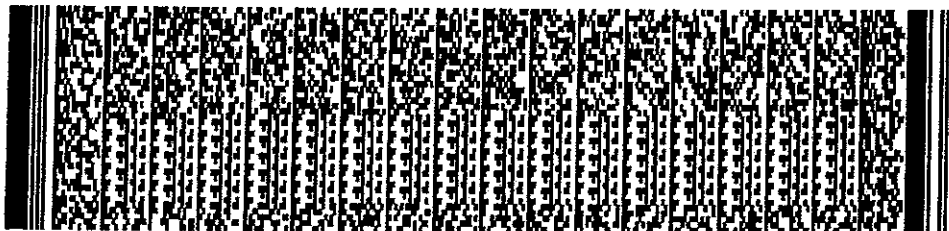
Date

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v10.1

Form **5500** (2007)



**3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")  
SAME

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

**a** Sponsor's name

**b** EIN

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address

**b** EIN

**c** Telephone number

<b>6</b> Total number of participants at the beginning of the plan year	<b>6</b>	33
<b>7</b> Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
<b>a</b> Active participants	<b>7a</b>	23
<b>b</b> Retired or separated participants receiving benefits	<b>7b</b>	2
<b>c</b> Other retired or separated participants entitled to future benefits	<b>7c</b>	6
<b>d</b> Subtotal. Add lines 7a, 7b, and 7c	<b>7d</b>	31
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>7e</b>	0
<b>f</b> Total. Add lines 7d and 7e	<b>7f</b>	31
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>7g</b>	20
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>7h</b>	4
<b>i</b> If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	<b>7i</b>	2

**8** Benefits provided under the plan (complete 8a and 8b, as applicable)

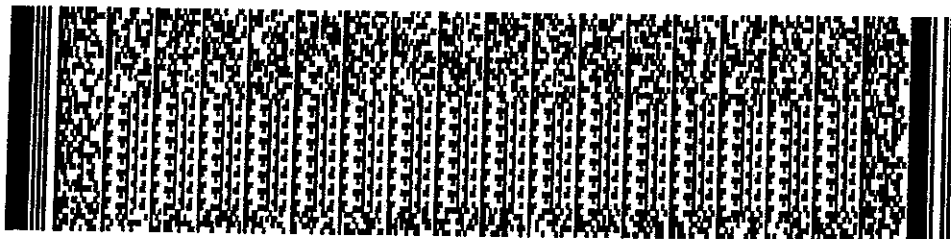
- a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2J 3E 3H 2K ☐ ☐ ☐
- b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance  
(2) ☐ Code section 412(i) insurance contracts  
(3) ☒ Trust  
(4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance  
(2) ☐ Code section 412(i) insurance contracts  
(3) ☒ Trust  
(4) ☐ General assets of the sponsor

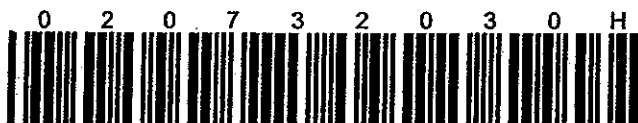


**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- |     |                                     |     |  |
|-----|-------------------------------------|-----|--|
| (1) | <input checked="" type="checkbox"/> | R   | (Retirement Plan Information)              |
| (2) | <input type="checkbox"/>            | B   | (Actuarial Information)                    |
| (3) | <input type="checkbox"/>            | E   | (ESOP Annual Information)                  |
| (4) | <input checked="" type="checkbox"/> | SSA | (Separated Vested Participant Information) |

**b Financial Schedules**

- |     |                                     |   |                                       |
|-----|-------------------------------------|---|---------------------------------------|
| (1) | <input type="checkbox"/>            | H | (Financial Information)               |
| (2) | <input checked="" type="checkbox"/> | I | (Financial Information -- Small Plan) |
| (3) | <input type="checkbox"/>            | A | (Insurance Information)               |
| (4) | <input type="checkbox"/>            | C | (Service Provider Information)        |
| (5) | <input checked="" type="checkbox"/> | D | (DFE/Participating Plan Information)  |
| (6) | <input type="checkbox"/>            | G | (Financial Transaction Schedules)     |



0 2 0 7 3 2 0 3 0 H

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2007**

This Form is Open to  
Public Inspection.

For calendar plan year 2007 or fiscal plan year beginning _____ and ending _____	
<b>A</b> Name of plan or DFE COMMERCIAL TRUCK TERMINAL, INC. PROFIT SHARING AND 4	<b>B</b> Three-digit plan number ► 001
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 COMMERCIAL TRUCK TERMINAL, INC.	<b>D</b> Employer Identification Number 59-1011385

**Part II Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**

(a) Name of MTIA, CCT, PSA, or 103-12IE SUNTRUST STABLE ASSET FUND

(b) Name of sponsor of entity listed in (a) SUNTRUST BANK

(c) EIN-PN 62-1240517-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 867643

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

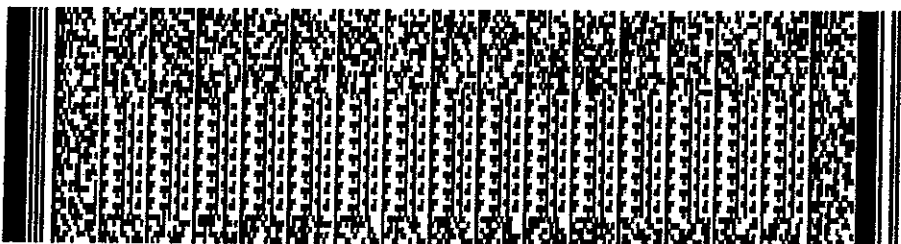
(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule D (Form 5500) 2007



**SCHEDULE I  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Financial Information -- Small Plan**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2007**

**This Form is Open to  
Public Inspection.**

For calendar year 2007 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>A</b> Name of plan COMMERCIAL TRUCK TERMINAL, INC. PROFIT SHARING AND	<b>B</b> Three-digit plan number ► 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 COMMERCIAL TRUCK TERMINAL, INC.	<b>D</b> Employer Identification Number 59-1011385

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

<b>1 Plan Assets and Liabilities:</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>1a</b>	1186680	1207376
<b>b</b> Total plan liabilities .....	<b>1b</b>	0	0
<b>c</b> Net plan assets (subtract line 1b from line 1a) .....	<b>1c</b>	1186680	1207376

<b>2 Income, Expenses, and Transfers for this Plan Year:</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable			
(1) Employers .....	<b>2a(1)</b>	1318	
(2) Participants .....	<b>2a(2)</b>	14443	
(3) Others (including rollovers) .....	<b>2a(3)</b>	0	
<b>b</b> Noncash contributions .....	<b>2b</b>	0	
<b>c</b> Other income .....	<b>2c</b>	58509	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....	<b>2d</b>		74270
<b>e</b> Benefits paid (including direct rollovers) .....	<b>2e</b>	44442	
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>	659	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>	1514	
<b>h</b> Other expenses .....	<b>2h</b>	6959	
<b>i</b> Total expenses (add lines 2e, 2f, 2g, and 2h) .....	<b>2i</b>		53574
<b>j</b> Net income (loss) (subtract line 2i from line 2d) .....	<b>2j</b>		20696
<b>k</b> Transfers to (from) the plan (see instructions) .....	<b>2k</b>		0

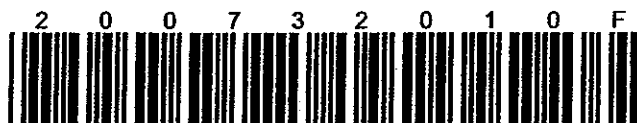
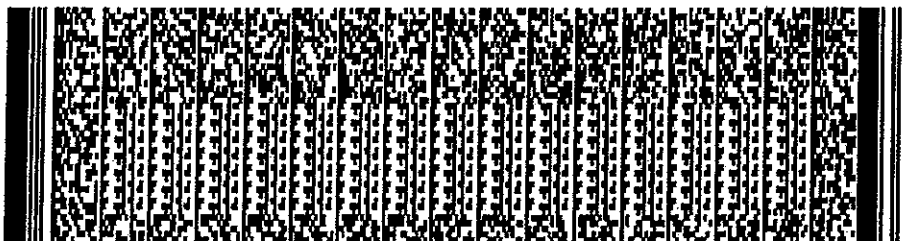
**3 Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
<b>a</b> Partnership/joint venture interests .....	<b>3a</b>	X	
<b>b</b> Employer real property .....	<b>3b</b>	X	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v10.1

Schedule I (Form 5500) 2007



Official Use Only

	Yes	No	Amount
<b>3c</b> Real estate (other than employer real property) .....		X	
<b>d</b> Employer securities .....		X	
<b>e</b> Participant loans .....	X		96210
<b>f</b> Loans (other than to participants) .....		X	
<b>g</b> Tangible personal property .....		X	

**Part I Transactions During Plan Year**

	Yes	No	Amount
<b>4</b> During the plan year:			
<b>a</b> Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance .....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....		X	
<b>e</b> Was the plan covered by a fidelity bond? .....	X		200000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....		X	
<b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	X		

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount** \_\_\_\_\_

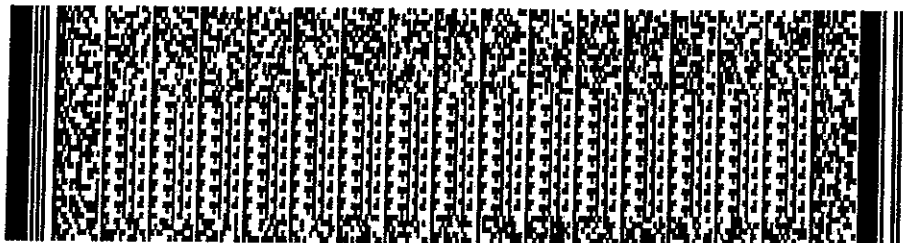
**5b** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

**5b(1)** Name of plan(s)**5b(2)** EIN(s)**5b(3)** PN(s)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2007**

**This Form is Open to  
Public Inspection.**

For calendar year 2007 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>A</b> Name of plan COMMERCIAL TRUCK TERMINAL, INC. PROFIT SHARING AND 4	<b>B</b> Three-digit plan number ► 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 COMMERCIAL TRUCK TERMINAL, INC.	<b>D</b> Employer Identification Number 59-1011385

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b> \$ 0
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 20-3691658 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b>

**Part II Funding Information** (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? ☐ Yes ☐ No ☐ N/A  
If the plan is a defined benefit plan, go to line 7.

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.

<b>6a</b> Enter the minimum required contribution for this plan year.....	<b>6a</b> \$
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b> \$
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b> \$

If you completed line 6c, skip lines 7 and 8 and complete line 9.

**7** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

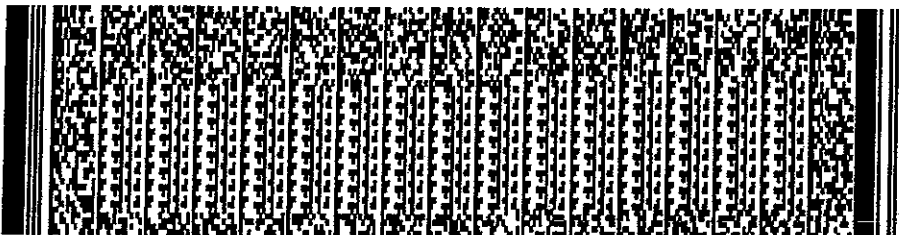
**Part III Amendments**

**8** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) ☐ Increase ☐ Decrease ☐ No

**Part IV Coverage (See instructions.)**

**9** Check the box for the test this plan used to satisfy the coverage requirements... ☒ the ratio percentage test ☐ average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule R (Form 5500) 2007



COPY

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210-0110  
1210-0089

2006

This Form is Open to  
Public Inspection.

## Part I Annual Report Identification Information

For the calendar plan year 2006 or fiscal plan year beginning

- A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C If the plan is a collectively-bargained plan, check here \_\_\_\_\_
- D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) \_\_\_\_\_

## Part II Basic Plan Information — enter all requested information.

1a Name of plan

COMMERCIAL TRUCK TERMINAL, INC.  
PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) 001

1c Effective date of plan (mo., day, yr.)  
08/31/1966

2a Plan sponsor's name and address (employer, if for a single-employer plan)  
(Address should include room or suite no.)

COMMERCIAL TRUCK TERMINAL, INC.

2b Employer Identification Number (EIN)  
59-1011385

2c Sponsor's telephone number  
863-422-1148

2d Business code (see instructions)  
447100

35647 U.S. HIGHWAY 27

HAINES CITY

FL

33844-0000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN  
HERE

Signature of plan administrator

7/17/07

Date

Type or print name of individual signing as plan administrator

Rick Parton

SIGN  
HERE

Signature of employer/plan sponsor/DFE

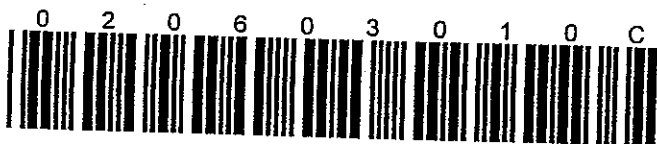
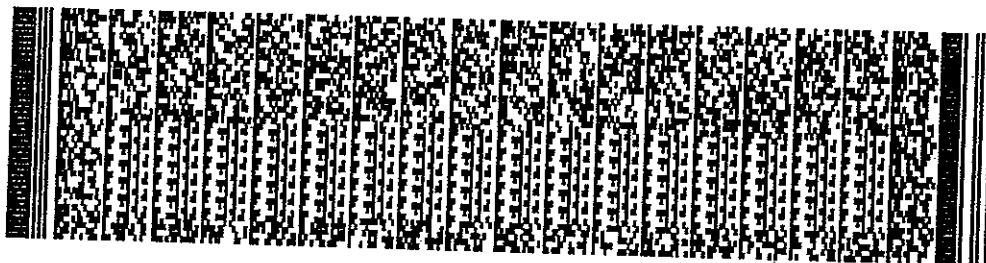
Date

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v9.0

Form 5500 (2006)





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Form 5500

Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Partisan Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4066 of the Employee  
Retirement Income Security Act of 1974 (ERISA) and sections 6047(c),  
5057(b), and 6058(a) of the Internal Revenue Code (the Code).Complete all entries in accordance with  
the instructions to the Form 5500.Official Use Only  
OMB Nos. 1510-0040  
1510-0042

2008

This Form is Open to  
Public Inspection.

## Annual Report Identification Information

For the calendar plan year 2008 or fiscal plan year beginning

A This return/report is for: (1) ☐ a multiemployer plan; (2) ☒ a single-employer plan (other than a multiple-employer plan); (3) ☐ a multiple-employer plan; or (4) ☐ a DFC (specify) \_\_\_\_\_B This return/report is: (1) ☐ the first return/report filed for the plan; (2) ☐ an amended return/report;(3) ☒ the final return/report filed for the plan; (4) ☒ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here \_\_\_\_\_

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) \_\_\_\_\_

## Basic Plan Information — enter all requested information.

1a Name of plan

COMMERCIAL TRUCK TERMINAL, INC.  
PROFIT SHARING AND 401(K) PLAN1b Three-digit  
plan number (PN) 0011c Effective date of plan (mo., day, yr.)  
08/31/19662a Plan sponsor's name and address (employer, if for a single-employer plan)  
(Address should include room or suite no.)

COMMERCIAL TRUCK TERMINAL, INC.

2b Employer Identification Number (EIN)  
59-10113852c Sponsor's telephone number  
863-439-75202d Business code (see instructions)  
447100

132 MAIN STREET

DUNDEE

FL

33838

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator

Date

Type or print name of individual signing as plan administrator

Signature of employee/plan sponsor/DFE

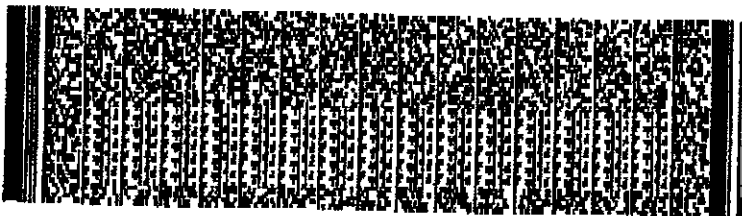
Date

Type or print name of individual signing as employee, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v11.3

Form 5500 (2008)



COPY

Form 5500

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration

Domestic Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(e) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1545-0047  
1545-0048

2008

This Form is Open to  
Public Inspection.

## Annual Report Identification Information

For the calendar plan year 2008 or fiscal plan year beginning

and ending

- A This return/report is for: (1) ☐ a multiemployer plan; (2) ☒ a single-employer plan (other than a multiple-employer plan); (3) ☐ a multiple-employer plan; or (4) ☐ a DFE (specify) \_\_\_\_\_

- B This return/report is: (1) ☐ the first return/report filed for the plan; (2) ☐ an amended return/report; (3) ☐ the final return/report filed for the plan; (4) ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ☐D If filing under an extension of time or the DFC program, check box and attach required information. (see instructions) ☐

## Basic Plan Information — enter all requested information.

1a Name of plan

COMMERCIAL TRUCK TERMINAL, INC.  
PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PIN) 001

1c Effective date of plan (mo., day, yr.) 08/31/1966

2a Plan sponsor's name and address (employer, if for a single-employer plan)

(Address should include room or suite no.)

COMMERCIAL TRUCK TERMINAL, INC.

2b Employer identification number (EIN) 59-1011385

2c Sponsor's telephone number 863-439-7520

2d Business code (see instructions) 447100

132 MAIN STREET

DUNDEE

FL

33838

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of plan administrator

6/24/09

Type or print name of individual signing as plan administrator

Rick Panton

Signature of employer/plan sponsor/DFE

6/24/09

Type or print name of individual signing as employer, plan sponsor or DFE

Rick Panton

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

V11.3

Form 5500 (2008)





INTERNAL REVENUE SERVICE

Ogden, UT 84201

DEPARTMENT OF THE TREASURY

Received 9/27/10

1074C

**COMMERCIAL TRUCK TERMINAL INC**  
**%DEBRA HOLLIE**  
**PO BOX 1879**  
**DUNDEE, FL 33838**

Employer Identification Number: 59-1011385

Dear Taxpayer:

Thank you for your Form 5500.

We do not have record of receiving your Form 5500 information from the Department of Labor. We apologize for the inconvenience this causes you, however we are returning your Form 5500, and asking you to file your return using EFAST 2.

You must file your Form 5500 electronically. You may file on line, using EFAST2 web-based filing system, or you may file through an EFAST2 approved vendor. Detailed information on electronic filing is available at [www.efast.dol.gov](http://www.efast.dol.gov). For telephone assistance, call the EFAST2 Help Line at 1-866-463-3278 Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Time.

Sincerely,

Ogden Entity Department  
0423430370