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 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).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MERCURY ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1986

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

11300 49TH STREET NORTH
CLEARWATER, FL 33762

2b Employer Identification Number (EIN) 59-1006793

2c Sponsor's telephone number 727-573-0088

2d Business code (see instructions) 423990

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	STANLEY TANGALAKIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MERCURY ENTERPRISES, INC.

11300 49TH STREET NORTH
CLEARWATER, FL 33762

3b Administrator's EIN
59-1006793

3c Administrator's telephone number
727-573-0088

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:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	168
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	138
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	171
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	171
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	117
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
3D 2E 2J 2K 2F 2G

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MERCURY ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
MERCURY ENTERPRISES, INC.

D Employer Identification Number (EIN)
59-1006793

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	384026-01	138	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
9902	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VSR FINANCIAL SERVICES INC
8620 W 110TH ST STE 200
OVERLAND PARK, KS 66210-9651

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9902			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	465897
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	417355
c	Additions: (1) Contributions deposited during the year	7c(1)	40497		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	13672		
	(4) Transferred from separate account	7c(4)	50241		
	(5) Other (specify below)	7c(5)	24263		
	▶ LOAN REPAY CONTRIB TO FORF ACCT				
	(6) Total additions			7c(6)	128673
d	Total of balance and additions (add **b** and **c(6)**)			7d	546028
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	79893		
	(2) Administration charge made by carrier	7e(2)	238		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	80131
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	465897

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MERCURY ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCURY ENTERPRISES, INC.

D Employer Identification Number (EIN)
59-1006793

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BEASLEY, SPEED AND CO.

4940 SOUTHFORK DRIVE
LAKELAND, FL 33813

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	5350	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

GREAT-WEST LIFE & ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	2287	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

VSR FINANCIAL SERVICES INC

8620 W 110TH ST STE 200
OVERLAND PARK, KS 66210-9651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	8942	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
VSR FINANCIAL SERVICES INC	55	8942

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT-WEST LIFE & ANNUITY COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MERCURY ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCURY ENTERPRISES, INC.

D Employer Identification Number (EIN)
59-1006793

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	230803	200128
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3181424	4339590
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	417355	465897
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3829582	5005615
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3829582	5005615

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. 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. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	327117	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		327117
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	12809	
(F) Other	2b(1)(F)	20073	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		32882
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	71073	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		71073
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1039668
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1470740
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	255326	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		255326
f Corrective distributions (see instructions)	2f		14521
g Certain deemed distributions of participant loans (see instructions)	2g		17223
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	7637	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7637
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		294707
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1176033
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BEASLEY SPEED & COMPANY, P.A. CPA (2) EIN: 59-3188484

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	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.)	4a		X	
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 participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	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?	4g		X	
h	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?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	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.	4n		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 section 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.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MERCURY ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MERCURY ENTERPRISES, INC.

D Employer Identification Number (EIN)
59-1006793

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 **1** 0

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):

EIN(s): 20-3691708

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. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

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. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** 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 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 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

9 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. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

MERCURY ENTERPRISES, INC. 401(k)
PROFIT SHARING PLAN

Financial Statements
And Supplemental Schedule

December 31, 2009 and 2008
(With Independent Auditors' Report Thereon)

MERCURY ENTERPRISES, INC. 401(k)
PROFIT SHARING PLAN

INDEX

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008	2
Statements of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2009 and 2008	3
Notes to Financial Statements	4 – 9
Schedule H, Line 4l – Schedule of Assets (Held at End of Year)	10 - 11

Beasley Speed & company, p.a.
CERTIFIED PUBLIC ACCOUNTANTS

4940 Southfork Drive
Lakeland, Florida 33813

(863) 646-1373
Fax (863) 646-8789

DENNIS E. BEASLEY
certified public accountant*
certified valuation analyst

JERRY D. SPEED
certified public accountant*

Independent Auditors' Report

Board of Trustees
Mercury Enterprises, Inc. 401(k)
Profit Sharing Plan:

We were engaged to audit the accompanying financial statements and supplemental schedule of Mercury Enterprises, Inc. 401(k) Profit Sharing Plan (Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to plan and information summarized in Note 3, which was certified by Great-West Life & Annuity Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express any opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Beasley, Speed & Co, P.A.
September 16, 2010

MERCURY ENTERPRISES, INC. 401(K)
PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009	2008
Assets:		
Investments:		
At fair value:		
Registered Investments	$ 4,339,590	$ 3,181,424
At contract value:		
Guaranteed investment contract	465,897	417,355
Loans to participants:	200,128	230,803
Total Investments	5,005,615	3,829,582
Receivables:		
Employer contributions	-	-
Participant contributions	-	-
Total receivables	-	-
Total assets	5,005,615	3,829,582
Liabilities:		
Contribution refund payable	31,619	24,524
Total Liablities	31,619	24,524
Net assets available for benefits	$ 4,973,996	$ 3,805,058

Read accompanying notes to financial statements and independent auditors report

MERCURY ENTERPRISES, INC. 401(K)
PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributable to:		
Investment Income:		
Interest and dividends	$ 103,955	$ 29,776
Net appreciation in fair value of investments	1,032,573	(1,946,849)
Net investment income	1,136,528	(1,917,073)
Contributions:		
Participant	327,117	417,800
Employer	-	690
Other (including rollovers)	-	-
	327,117	418,490
Total additions	1,463,645	(1,498,583)
Deductions from net assets attributable to:		
Benefits paid to participants	(287,070)	(493,110)
Administrative expenses	(7,637)	(8,178)
Total deductions	(294,707)	(501,288)
Net increase	1,168,938	(1,999,871)
Net assets available for benefits:		
Beginning of year	3,805,058	5,804,929
End of year	$ 4,973,996	$ 3,805,058

Read accompanying notes to financial statements and independent auditors report

MERCURY ENTERPRISES, INC. 401(k)
PROFIT SHARING PLAN
Notes to Financial Statements

1. Description of the Plan

Mercury Enterprises, Inc. 401(k) Profit Sharing Plan (Plan) was established on October 1, 1986 and restated effective January 1, 2002, by Mercury Enterprises, Inc. (Employer) for the benefits of its eligible employees. Effective January 1, 2002, the Plan was amended to reflect certain provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). The Plan is intended to qualify as a salary reduction arrangement as contemplated in Section 401(k) of the Internal Revenue Code of 1986 (Code). Certain Provisions of the Plan are outlined below. Additional information regarding the Plan is available from the Employer.

a) General

The Plan is defined contribution plan that covers substantially all employees of the Employer. Covered employees are eligible to participate in salary deferrals to the Plan once they have completed three months of service and are 21 years of age, and they are eligible to participate in Employer matching contributions once they have completed one year of service.

The Plan was amended in November 2004 to revise how employer match forfeitures are allocated. The amendment requires forfeitures to be applied to administrative expenses of the Plan and then allocated to all eligible employees as an additional discretionary matching contribution.

b) Contributions

The Plan allows each participant to elect under a salary deferral agreement to reduce compensation to which he or she is otherwise entitled in return for the agreement of the Employer to contribute the deferred amounts to the Plan on behalf of that employee. Such elective deferrals are made on a before-tax basis and are subject to certain limitations.

At its discretion, the employer may make matching contributions to the Plan. There was $0 and $0 discretionary matching contribution for the year ended December 31, 2009 and 2008, respectively. Any forfeitures of the employer matching are first applied to administrative expenses of the Plan, and then any remaining forfeitures are allocated to all eligible employees as additional discretionary matching contributions. Forfeitures were $390 and $550 for the plan year December 31, 2009 and 2008 respectively. At December 31, 2009 and 2008 there was $73 and $0 of forfeitures available to offset future expenses, respectively. Participants may begin making or changing the amount of deferred

salary contributions as of January 1, April, 1, July 1, or October 1 of each year.

c) Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's contribution, Plan earnings and administrative expenses. Additional discretionary Employer contributions are allocated at an equal amount to each eligible employee. Eligible employees who have less than 1,000 hours of service or who terminated employment prior to the end of the plan year will not share in contribution unless the termination was due to death, disability or retirement.

d) Participant Loans

Participants may borrow from their account a minimum of $1,000 to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to 5 years or up to 15 years for the purchase of a principal residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through payroll deductions.

e) Vesting

A participant's contributions are 100% vested at all times. The employer's matching contribution vests at an incremental rate of 20% per year upon the second year of service. The contribution becomes 100% vested after six years of service or upon reaching normal retirement age, disability or death

f) Payment of Benefits

The Plan provides for payment of benefits upon retirement, death, disability and termination of employment. Vested balances less than $5,000 are distributed in a lump sum payment. Vested balances greater than $5,000 are distributed in either a lump sum amount equal to the vested value of the participant's account balance or in installment payments.

g) Plan Termination

Although the Company expects to continue the Plan indefinitely, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan. In the event of Plan termination, all benefits become fully vested.

MERCURY ENTERPRISES, INC. 401(k)
PROFIT SHARING PLAN
Notes to Financial Statements

1. Summary of Significant Accounting Policies

a) Accounting Basis

The financial statements of the Plan are prepared under the accrual method of accounting. The policy for uncertain tax positions is still FASB Statement No. 5. Fin 48 will be implemented for December 31, 2009 and thereafter.

b) Valuation of Investments

The Plan's investments are stated at fair value, except for it's fully benefit responsive investment contract, which is valued at contract value (see Note 5) which approximates fair value. Quoted market prices are used to value investments. Loans to participants are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded when received.

c) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

d) Administrative expenses

Administrative expenses represent record keeping, legal and accounting fees incurred to maintain the Plan and are paid by the Plan. Administrative fees are expensed as incurred. The employer, Mercury Enterprises, Inc. has absorbed $250 in administrative expenses of the Plan.

e) Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that

such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

2. Investments

The Plan's investments are held by Great-West at December 31, 2009. The following present's investments at December 31, 2009 that represent 5% or more of the Plan's net assets available for benefits:

Oppenheimer Developing Market Fund	$ 384,550
Maxim T. Rowe Price Equity Income Fund	317,867
Pioneer Cullen Value Fund A	307,454
Oppenheimer Strategic Income A	283,508
Guaranteed Portfolio Fund	464,322
Participant Loans	200,128

3. Information Certified by Great-West Life & Annuity Insurance Company (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, Great-West, the Plan's custodian, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.
- Investment income and related investment activity as shown in the statement of changes in net assets available for benefits for the year ended.
- December 31, 2009 and 2008.
- The schedule of assets (held at end of year) as of December 31, 2009 included in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the accompanying financial statements and supplemental schedule.

4. Guaranteed Investment Contract

The Plan entered into a fully benefit-responsive investment contract with Great-West. Great-West maintains the contributions in a guaranteed interest account. The contract is included in the financial statements at contract value, which approximates fair value, as reported to the Plan by Great-West. Contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and administrative expenses.

The interest rate credited to the Guaranteed Portfolio Fund is determined prior to the last day of each calendar quarter and remains in effect until the end of the calendar quarter. Interest is compounded daily to the effective annual interest rate. The guaranteed rate for funds at December 31, 2009 was 2.8%. The average yield on the contract during the years ended December 31, 2009 and 2008 was 2.96% and 3.33% the minimum crediting interest rate under the terms of the contract is 0%.

5. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31, 2009 and 2008:

	2009	2008
Net assets available for benefits per the financial statements	$ 4,973,996	$ 3,805,058
Amounts allocated to contributions receivable - participant	-	-
Amounts allocated to contributions refund payable	31,619	24,524
Amounts allocated to ineligible contribution refund payable	-	-
Net assets available for benefits per Schedule H, Line 1(1) of Form 5500	$ 5,005,615	$ 3,829,582

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2009 and 2008 to net income of Schedule H of Form 5500:

	2009	2008
Net increase in net assets available for benefits per the financial statement	$ 1,168,938	$ (1,999,871)
Amount allocated to contributions receivable – employer at December 31, 2009 & 2008	-	-
Amounts allocated to contributions receivable – participant at December 31, 2009 & 2008	(24,524)	(31,785)
Amounts allocated to contribution refund payable at December 31, 2009 & 2008	31,619	24,524
Amounts allocated to ineligible contribution refund payable at December 31, 2009 & 2008	-	-
Net income per Schedule H of Form 5500, Line 2(k)	$ 1,176,033	$ (2,007,132)

6. Income Tax Status

The Plan obtained its latest determination letter on December 27, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. Transactions With Parties-in-Interest

The Plan invests in pooled separate accounts and a guaranteed investment contract managed by Great-West. Great-West acts as custodian for those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions.

8. Contribution Refund Payable

Contributions received from participants for the year ended December 31, 2009 are net of payments of $31,619 made in 2010 to certain participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. This amount is included in the Plan's statement of net assets available for benefits as a contribution refund payable at December 31, 2009.

SUPPLEMENTAL SCHEDULE

SUPPLEMENTAL SCHEDULE

MERCURY ENTERPRISES, INC. 401(K)
PROFIT SHARING PLAN

Schedule H, Line 4i - Schedule of assets (Held at End of Year)

Employer Identification Number: 59-1006793
Plan Number: 001

December 31, 2009

	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(e) Current Value
*	Great-West Life and Annuity Insurance Company	Aim Energy, Inv	23,560
*	Great-West Life and Annuity Insurance Company	Alger SMidCap Growth A	415
*	Great-West Life and Annuity Insurance Company	Alliance Bernstein International Value A	24,768
*	Great-West Life and Annuity Insurance Company	American Funds Bond Fund of Amer R3	1,549
*	Great-West Life and Annuity Insurance Company	American Funds Capital World Bond R3	57,887
*	Great-West Life and Annuity Insurance Company	American Funds Capital World G/1 R3	133,327
*	Great-West Life and Annuity Insurance Company	American Funds Europacific Growth R3	157,365
*	Great-West Life and Annuity Insurance Company	American Funds Fundamental Inv R3	29,010
*	Great-West Life and Annuity Insurance Company	American Funds Growth Fund of Amer R3	218,344
*	Great-West Life and Annuity Insurance Company	American Funds Wash Mutual R3	80,337
*	Great-West Life and Annuity Insurance Company	Baron Growth Fund	40,883
*	Great-West Life and Annuity Insurance Company	Blackrock Energy & Resources Port A	127,460
*	Great-West Life and Annuity Insurance Company	Columbia High Income A	8,668
*	Great-West Life and Annuity Insurance Company	Davis NY Venture A	3,871
*	Great-West Life and Annuity Insurance Company	Diamond Hill Large Cap A	15,263
*	Great-West Life and Annuity Insurance Company	Dreyfus Active Midcap Fund A	9,682
*	Great-West Life and Annuity Insurance Company	Fidelity Advisor Leveraged Co Stk T	88,140
*	Great-West Life and Annuity Insurance Company	Fidelity Advisor Mid Cap T	186,975
*	Great-West Life and Annuity Insurance Company	Fidelity Advisor Small Cap T	1,064
*	Great-West Life and Annuity Insurance Company	JP Morgan Small Cap Equity A	2,258
*	Great-West Life and Annuity Insurance Company	Lazard Emerging Markets Open	57,098
*	Great-West Life and Annuity Insurance Company	Lord Abbett Midcap Value Fund A	237,481
*	Great-West Life and Annuity Insurance Company	Lord Abbett Small Cap Value Fund	192,081
*	Great-West Life and Annuity Insurance Company	Marsico Focus	149,167
*	Great-West Life and Annuity Insurance Company	Maxim Aggressive Profile II	35,429
*	Great-West Life and Annuity Insurance Company	Maxim Conservative Profile II	8,960
*	Great-West Life and Annuity Insurance Company	Maxim Moderate Profile II	65,942
*	Great-West Life and Annuity Insurance Company	Maxim T. Rowe Price Equity Income	317,867
*	Great-West Life and Annuity Insurance Company	MFS Utilities A	109,708
*	Great-West Life and Annuity Insurance Company	Munder Mid Cap Core Growth A	1,762
*	Great-West Life and Annuity Insurance Company	Oakmark Equity & Income II	39,440
*	Great-West Life and Annuity Insurance Company	Oakmark International II	49,490
*	Great-West Life and Annuity Insurance Company	Oppenheimer Developing Market A	384,550
*	Great-West Life and Annuity Insurance Company	Oppenheimer Gold & Special Minerals A	97,173
*	Great-West Life and Annuity Insurance Company	Oppenheimer International Bond Fund A	59,105
*	Great-West Life and Annuity Insurance Company	Oppenheimer Main Street Opportunity A	189

See accompanying independent auditors' report

	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	Great-West Life and Annuity Insurance Company	Oppenheimer Small & Mid Cap Value A	219,727
*	Great-West Life and Annuity Insurance Company	Oppenheimer Strategic Income A	283,508
*	Great-West Life and Annuity Insurance Company	Oppenheimer Value Fund A	4,097
*	Great-West Life and Annuity Insurance Company	Pimco Total Return Admin	167,506
*	Great-West Life and Annuity Insurance Company	Pioneer Cullen Value Fund A	307,454
*	Great-West Life and Annuity Insurance Company	Pioneer High Yield A	71,477
*	Great-West Life and Annuity Insurance Company	Royce Micro Cap, Inv	178,620
*	Great-West Life and Annuity Insurance Company	RS Partners A	664
*	Great-West Life and Annuity Insurance Company	Third Avenue Value Fund	16,886
*	Great-West Life and Annuity Insurance Company	Thornburg International Value Fund R3	17,147
*	Great-West Life and Annuity Insurance Company	Guaranteed Portfolio Fund	464,322
*	Great-West Life and Annuity Insurance Company	Oppenheimer Capital Appreciation A	56,236
*	Participant Loans		200,128
*	Forfeitures		1,575
			5,005,615

* **Party-in-interest**

See accompanying independent auditors' report

ASSETS HELD FOR INVESTMENT PURPOSES

Mercury Enterprises, Inc. 401(k) Profit Sharing Plan
01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PBAXCP			9,333.83	8,960.00
1PBAXMP			78,504.08	65,941.81
1PBAXAP			47,718.42	35,428.66
1ABIAX			19,909.27	24,767.65
197AFCW			151,370.28	133,326.95
192AFEP			157,043.02	157,365.10
1LZOEX			41,640.83	57,097.56
1OARIX			47,788.75	49,489.83
1ODMAX			334,435.31	384,550.47
1OIBAX			60,156.41	59,104.80
1TAVFX			12,909.83	16,885.91
1TGVRX			14,870.38	17,147.50
1FSTEX			30,611.20	23,560.43
1SSGRX			123,486.09	127,459.99
1MMUFX			122,792.56	109,707.62
1OPGSX			76,659.56	97,173.42
1ALMAX			350.26	414.76
1BGRFX			48,205.50	40,883.34
1FSCTX			886.87	1,063.72
1VSEAX			1,995.88	2,257.76
1LRSCX			205,524.69	192,081.01
1QVSCX			241,464.43	219,727.29
1RYOTX			179,944.23	178,619.83
1RSPFX			560.16	664.04
1DNLDX			11,158.44	9,682.26
1FLSTX			83,590.22	88,140.11
1FMCAX			223,491.58	186,975.43
1LAVLX			331,824.54	237,481.42
1MGOAX			1,361.05	1,762.21
1RFNCX			32,510.48	29,010.28
195AFGF			222,233.52	218,343.61
191AFWM			84,672.23	80,336.83
1NYVTX			3,607.27	3,870.98
1DHLAX			14,152.75	15,263.03
1MFOCX			173,040.03	149,166.93
180TEIX			397,207.47	317,867.19
1OMSOX			184.54	188.83
1CGRWX			4,175.36	4,097.39
1CVFCX			336,897.63	307,454.11
1OPTFX			47,504.33	56,236.42
1OARBX			39,931.80	39,440.20
1RBFCX			1,462.55	1,548.61
1119AW			56,786.71	57,886.55
1NAHAX			8,442.62	8,668.14
1OPSIX			302,266.22	283,507.62
1PTRAX			164,707.82	167,505.57
1TAHYX			58,112.96	71,476.66
1PORT		2.800	433,667.81	464,321.67
			5,041,151.77	**4,803,911.50**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	200,537.44	200,128.10

ASSETS HELD FOR INVESTMENT PURPOSES

Mercury Enterprises, Inc. 401(k) Profit Sharing Plan
01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
FORFEITURES			1,349.05	1,574.90

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 59-1006793 Plan 001

LEGEND

INVESTMENT OPTION:

1PBAXCP	Maxim Conservative Profile II	1PBAXMP	Maxim Moderate Profile II
1PBAXAP	Maxim Aggressive Profile II	1ABIAX	AllianceBernstein International Value A
197AFCW	American Funds Capital World G/I R3	192AFEP	American Funds Europacific Growth - R3
1LZOEX	Lazard Emerging Markets Open	1OARIX	Oakmark International II
1ODMAX	Oppenheimer Developing Market, A	1OIBAX	Oppenheimer International Bond Fund A
1TAVFX	Third Avenue Value Fund	1TGVRX	Thornburg International Value Fund R3
1FSTEX	AIM Energy, Inv	1SSGRX	BlackRock Energy & Resources Port A
1MMUFX	MFS Utilities A	1OPGSX	Oppenheimer Gold & Special Minerals A
1ALMAX	Alger SMidCap Growth A	1BGRFX	Baron Growth Fund
1FSCTX	Fidelity Advisor Small Cap T	1VSEAX	JP Morgan Small Cap Equity A
1LRSCX	Lord Abbett Small-Cap Value Fund	1QVSCX	Oppenheimer Small & Mid Cap Value A
1RYOTX	Royce Micro Cap, Inv	1RSPFX	RS Partners A
1DNLDX	Dreyfus Active MidCap Fund A	1FLSTX	Fidelity Advisor Leveraged Co Stk - T
1FMCAX	Fidelity Advisor Mid Cap T	1LAVLX	Lord Abbett Midcap Value Fund - A
1MGOAX	Munder Mid-Cap Core Growth A	1RFNCX	American Funds Fundamental Inv R3
195AFGF	American Funds Growth Fund of Amer R3	191AFWM	American Funds Wash Mutual R3
1NYVTX	Davis NY Venture A	1DHLAX	Diamond Hill Large Cap A
1MFOCX	Marsico Focus	180TEIX	Maxim T. Rowe Price Equity Income
1OMSOX	Oppenheimer Main Street Opportunity - A	1CGRWX	Oppenheimer Value Fund - A
1CVFCX	Pioneer Cullen Value Fund A	1OPTFX	Oppenheimer Capital Appreciation A
1OARBX	Oakmark Equity & Income II	1RBFCX	American Funds Bond Fund of Amer R3
1119AW	American Funds Capital World Bond R3	1NAHAX	Columbia High Income A
1OPSIX	Oppenheimer Strategic Income A	1PTRAX	PIMCO Total Return Admin
1TAHYX	Pioneer High Yield A	1PORT	Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year