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 07/01/2009 and ending 06/30/2010

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
JOE'S STONE CRABS, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1981

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

11 WASHINGTON AVENUE
MIAMI BEACH, FL 33139-7323

2b Employer Identification Number (EIN) 59-0601879

2c Sponsor's telephone number 305-673-0365

2d Business code (see instructions) 722110

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.	04/14/2011	MARC FINE
	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")

JOES STONE CRABS, INC.

11 WASHINGTON AVENUE
MIAMI BEACH, FL 33139-7323

3b Administrator's EIN: 59-0601879

3c Administrator's telephone number: 305-673-0365

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**	403
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**	348
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	381
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	383
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	371
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
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:

2E 3D

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)		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)		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)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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 07/01/2009 and ending 06/30/2010

A Name of plan
JOE'S STONE CRABS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JOES STONE CRABS, INC.

D Employer Identification Number (EIN)
59-0601879

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

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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)

LINSCO PRIVATE LEDGER

9785 TOWNE CENTRE DRIVE
SAN DIEGO, CA 92121

95-2834236

(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?
27	NONE	28650	Yes [ ] No [X]	Yes [ ] No [ ]	0	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 [ ]

(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
(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.	

(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

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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 07/01/2009 and ending 06/30/2010

A Name of plan
JOE'S STONE CRABS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JOES STONE CRABS, INC.

D Employer Identification Number (EIN)
59-0601879

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	254465	168388
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	225667	169644
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	220644	139166
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	188479	188710
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2289488	2977795
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3178743	3643703
	Liabilities			
g	Benefit claims payable	1g		2490
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	2490
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3178743	3641213

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)	268388	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		268388
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	99	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	9136	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9235
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	370	
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		370
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(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)	-9424	
(B) Other	2b(5)(B)	2690	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-6734
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		324625
c Other income	2c		9655
d Total income. Add all **income** amounts in column (b) and enter total	2d		605539
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	114419	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		114419
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	28650	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28650
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		143069
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		462470
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: GOLDSTEIN SCHECHTER KOCH (2) EIN: 65-0209137

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		1000000
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			

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 07/01/2009 and ending 06/30/2010

A Name of plan
JOE'S STONE CRABS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
JOES STONE CRABS, INC.

D Employer Identification Number (EIN)
59-0601879

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): 65-0240416

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):

Joes's Stone Crabs, Inc.
Profit Sharing Plan and Trust

Financial Statements
Years Ended June 30, 2010 and 2009



Goldstein Schechter Koch
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Goldstein Schechter Koch
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Independent Auditors' Report

To the Trustees of
Joe's Stone Crabs, Inc. Profit Sharing Plan and Trust

We have audited the accompanying statements of net assets available for benefits of the Joe's Stone Crabs, Inc. Profit Sharing Plan and Trust (the "Plan") as of June 30, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Joe's Stone Crabs, Inc. Profit Sharing Plan and Trust as of June 30, 2010 and 2009, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) at June 30, 2010, is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Goldstein Schechter Koch, P.A.

Coral Gables, Florida
April 8, 2011

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Joe's Stone Crabs, Inc. Profit Sharing Plan And Trust

Statements of Net Assets Available for Benefits

June 30, 2010 and 2009

	2010	2009
Assets		
Investments, at fair value:		
Corporate stocks and bonds	$ **139,166**	$ 220,644
Mutual funds	**2,977,795**	2,289,488
Real estate investment trust	**188,710**	188,479
Total investments	**3,305,671**	2,698,611
Employer contribution receivable	**168,388**	254,465
Cash and cash equivalents	**169,480**	225,667
Total assets	**3,643,539**	3,178,743
Liabilities		
Federal income tax withholdings payable	**2,326**	-
Total liabilities	**2,326**	-
Net assets available for benefits	$ **3,641,213**	$ 3,178,743

See accompanying notes to financial statements.

Joe's Stone Crabs, Inc. Profit Sharing Plan And Trust

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2010 and 2009

		2010		2009
Additions to net assets attributed to:				
Interest and dividends	$	**85,188**	$	105,294
Net appreciation (depreciation) in fair value of investments (realized and unrealized)		**251,963**		(558,353)
Employer contributions		**268,388**		254,465
Other contributions		**-**		756
Total additions (reductions)		**605,539**		(197,838)
Deductions from net assets attributed to:				
Distributions		**114,419**		146,615
Administrative expenses		**28,650**		21,206
Total deductions		**143,069**		167,821
Net increase (decrease)		**462,470**		(365,659)
Net assets available for benefits:				
Beginning of the year		**3,178,743**		3,544,402
End of the year	$	**3,641,213**	$	3,178,743

See accompanying notes to financial statements.

Note 1 - Description of Plan

The following description of the Joe's Stone Crabs, Inc. Profit Sharing Plan and Trust (the "Plan") provides general information regarding the Plan. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan commenced on July 1, 1981, and was originally restated effective July 1, 1984 with subsequent restatements effective July 1, 1990 and July 1, 2001. The Plan has been amended thereafter with the latest amendment dated June 28, 2002. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan administrator is Joe's Stone Crabs, Inc.

Participants

Participants are those employees of Joe's Stone Crabs, Inc. ("Joe's"), Stone Crabs, Inc. ("SCI") and Ernest Hamilton Stone Crabs Corp. ("EHSC") (collectively, the "Employers") who were employed by January 1 of the Plan year and continued to be employed at the close of the stone crab season (May 15) and have worked at an average rate of not less than 25 hours per week during the stone crab season.

Contributions

Contributions to the plan are at the discretion of Joe's and SCI. For EHSC, the contributions are based on a calculation using the average contribution amounts of Joe's and SCI, based on a formula as defined by the Plan, multiplied by their number of participants. Participants can rollover distributions from a qualified plan.

With the consent of the Plan administrator, employees may voluntarily make contributions to the Plan, with these contributions being allocated directly to their Voluntary Contribution Account. As of June 30, 2010 and 2009, there were no Voluntary Contribution Accounts in the Plan. The Trustees are responsible for the investment of all assets held by the Plan. Investment decisions are made in the best interests of the participants.

Allocations

Employers' contributions and participants' forfeitures ($7,001 in 2010 and $13,918 in 2009) are allocated to each eligible participant's Employer Contribution Account in the same proportion that each participant's points for the Plan year bear to the total points of all such eligible individuals. Points are awarded to participants based on one point (1) per $100 of salary up to a maximum of 700 salary points and points for the years of service as follows:

Years of Service	Points Per Year
Less than 1	0
1 - 3	1
4 - 6	2
7 - 9	3
10 - 12	4
13 or greater	5

Note 1 - Description of the Plan - continued

Allocations - continued

Plan's earnings (losses) are allocated to a participant's account based on each participant's account balance as a percentage of all participants' account balances.

Vesting

Participants are 20% vested in their Employer Contribution Account after two years in the Plan. Vesting increases by 20% every subsequent year, with full vesting after six years. Participants are 100% vested in amounts rolled over into the Plan and in their Voluntary Contribution Account.

If a participant resigns or is terminated prior to being fully vested, the participant will forfeit that portion of their Employer Contribution Account which is not vested.

Payment of Benefits

Payments of benefits by reason of disability, death, termination or retirement are made in accordance with the Plan's provisions. Upon termination, a Plan participant will receive the amounts allocated to his or her account in which he or she is vested. A participant may elect to receive a lump-sum payment or monthly installments over a period not to exceed the participant's assumed life expectancy.

Administrative Expenses

Investment expenses are paid directly by the Plan and all other major Plan administration costs are paid by the Employers.

Plan Termination

Although the Employers have not expressed any intent to terminate the Plan, they reserve the right to discontinue their contributions at any time, amend, modify or terminate the Plan, subject to the provisions of ERISA.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

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 the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Note 2 - Summary of Significant Accounting Policies - continued

Cash and Cash Equivalents

The Plan considers all highly liquid investments with an original maturity of 90 days or less to be cash equivalents.

Credit Risk

Financial instruments which potentially subject the Plan to concentration of credit risk consist principally of cash and other investments. The Plan tries to limit the amount of its credit exposure by placing its cash and other investments with high quality financial institutions.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold, as well as held during the year

Subsequent Events

Management has evaluated subsequent events through April 8, 2011, the date which the financial statements were available to be issued.

Note 3 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

		Fair Value Measurements using	
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
June 30, 2010			
Cash and cash equivalents	$ 169,480	$ 169,644	$ -
Mutual funds	2,977,795	2,977,795	-
Corporate stocks and bonds	139,166	139,166	-
Real estate investment trust	188,710	-	188,710
Total	$ 3,475,151	$ 3,286,605	$ 188,710

Note 3 - Fair Value Measurements - continued

	Fair Value	Fair Value Measurements using Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
June 30, 2009			
Cash and cash equivalents	$ 225,667	$ 225,667	$ -
Mutual funds	2,289,488	2,289,488	-
Corporate stocks and bonds	220,644	220,644	-
Real estate investment trust	188,479	-	188,479
Total	$ 2,924,278	$ 2,735,799	$ 188,479

ASC 820, *Fair Value Measurements and Disclosures,* establishes a fair value hierarchy that prioritized the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs (other than quoted prices within Level 1) are observable for the asset or liability, either directly or indirectly, and Level 3 inputs used for valuing the asset or liability are unobservable. Unobservable inputs are those that reflect the assumptions that market participants could use in pricing the asset or liability. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. No Level 2 inputs were available to the Plan and Level 3 inputs were only used when Level 1 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at the end of the year. The fair values of corporate stocks and bonds are based on quoted market prices.

Level 3 Fair Value Measurements

The real estate investment trust is not publicly traded in a market and significant observable inputs are not available. Thus, the fair value of the real estate investment trust is based on the estimated value per share, as calculated by the trust. In order to estimate the value per share, a combination of industry standard valuation methods were used; which incorporated projections of funds from operations (FFO) and cash flow that were valued using comparable capitalization rates, discount rates and FFO multiples. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements using Significant Unobservable Inputs (Level 3)

	Real Estate Investment Trust
Year ended June 30, 2010	
Beginning balance	**$ 188,479**
Unrealized depreciation	**(9,424)**
Total realized gain	**9,655**
Ending balance	**$ 188,710**

Note 3 - Fair Value Measurements - continued

Fair Value Measurements using Significant Unobservable Inputs (Level 3)

	Real Estate Investment Trust
Year ended June 30, 2009	
Beginning balance	$ 177,530
Unrealized appreciation	547
Total realized gain	10,402
Ending balance	$ 188,710

Gains (realized and unrealized) included in the statement of changes in net assets available for benefits for the years ended June 30, 2010 and 2009 are reported in net appreciation (depreciation) in fair value of investments.

Note 4 - Investments

At June 30, 2010 and 2009 investments that represent 5% or more of the Plan's net assets in either year are as follows:

	2010	2009
Mainstay High Yield Corp Bond - A	$ **234,078**	$ 196,026
Wells Fargo Government Bond	**-**	205,397
Inland American Real Estate Trust	**188,710**	188,479

Net appreciation (depreciation) in fair value (realized and unrealized) for the years ended June 30, consisted of the following:

	2010	2009
Mutual funds	$ **258,697**	$ (520,383)
Corporate stocks and bonds	**2,690**	(38,517)
Real estate investment trust	**(9,424)**	547
	$ **251,963**	$ (558,353)

Note 5 - Tax Status

The Plan has received its latest favorable determination letter from the Internal Revenue Service dated July 8, 2010. The letter states that the Plan as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes is included in the Plan's financial statements.

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

Supplemental Schedule

Joe's Stone Crabs, Inc. Profit Sharing Plan And Trust

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

EIN: 59-0601879 - PN 002

June 30, 2010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Allianz Multi Manager Cap Inst	Mutual Fund	$ 25,947	$ 30,492
	Amer Balanced Fund - F	Mutual Fund	39,081	43,159
	Artisan Mid Cap Value	Mutual Fund	25,104	26,746
	Baron Investment Trust Growth	Mutual Fund	43,620	51,974
	Blackrock Funds Sml/Mid Cap Growth	Mutual Fund	17,932	19,406
	Brandywine Bluefd Inc	Mutual Fund	8,761	18,464
	Calvert Short Duration Income - Y	Mutual Fund	151,743	152,650
	Columbia Acorn - Z	Mutual Fund	39,673	48,714
	Columbia Marisco Growth - Z	Mutual Fund	107,822	118,019
	Davis NY Venture - A	Mutual Fund	85,117	97,039
	Fleming JP Morgan Mid Cap Value	Mutual Fund	26,506	32,949
	Forum Absolute Strategies Fund	Mutual Fund	98,258	103,208
	Fundamental Investors Inc - F	Mutual Fund	100,153	111,017
	Gateway Trust - Y	Mutual Fund	30,380	29,177
	Growth Fund of America	Mutual Fund	112,308	122,810
	Harbor Fund Small Cap Value	Mutual Fund	59,005	71,223
	Hartford Mid Cap - A	Mutual Fund	25,000	27,534
	Ishares TR Russell 1000 Growth Index	Mutual Fund	83,606	84,741
	Ishares TR Russell 1000 Value Index	Mutual Fund	47,669	50,593
	Ishares TR Russell Midcap Value	Mutual Fund	25,218	27,719
	JP Morgan Trust I Intrepid Value	Mutual Fund	80,898	91,438
	Legg Mason Navigator Value Turst - I	Mutual Fund	18,180	15,961
	Loomis Sayles ll Invt Bond	Mutual Fund	109,051	116,691
	Mainstay Funds Large Cap Growth- I	Mutual Fund	118,961	128,194
	Mainstay High Yield Corp Bond - A	Mutual Fund	211,871	234,078
	Masters Select Intl	Mutual Fund	31,329	33,496
	MFS Trust I Value - W	Mutual Fund	127,207	136,925
	Nuveen Multi Strategy Income & Growth	Mutual Fund	15,572	19,989
	Oppenheimer Development Markets - A	Mutual Fund	44,281	56,001
	Pimco Commodityreal - A	Mutual Fund	120	122
	Pimco Mgmt Sr Foreign - A	Mutual Fund	134,445	148,966
	Pimco Total Return	Mutual Fund	142,344	150,954
	SPDR Dow Jones Mid Cap Growth	Mutual Fund	24,361	27,477
	SPDR Dow Jones Small Cap Growth	Mutual Fund	27,646	33,982
	Thornburg Intl Value - I	Mutual Fund	136,386	134,970
	Vanguard Fixed Income Inflation	Mutual Fund	104,921	111,901
	Vanguard Fixed Long Term Investor	Mutual Fund	65,513	73,238
	Vanguard Index Small Cap Value	Mutual Fund	27,073	33,632
	Wells Fargo Govt Bond	Mutual Fund	160,485	162,145
	Household Finance 7/15/10	Bond	25,955	25,040
	Lehman Bros 11/1/09	Bond	4,130	5,530
	Pfizer Inc 4.500% 2/15/14	Bond	52,088	54,469
	Developers Diversified	Stock	1,590	3,127
	Wal-Mart Stores Inc.	Stock	51,890	51,001
	Inland American Real Estate Trust	Real Estate Investment Trust	198,134	188,710
			$ 3,067,334	$ 3,305,671



Goldstein Schechter Koch

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

▶ Joe's Stone Crabs, Inc. Profit Sharing Plan

Employer Identification Number: ▶ 59-0601879

For plan year (beginning/ending): ▶ 7/1/2009 - 6/20/2010 Plan number: ▶ 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Allianz Multi Manager Cap Inst	Mutual Fund	25947	30492
	Amer Balanced Fund - F	Mutual Fund	39081	43159
	Artisan Mid Cap Value	Mutual Fund	25104	26746
	Baron Asset Growth	Mutual Fund	43620	51974
	Blackrock Funds Sml/Mid Cap Grwth	Mutual Fund	17932	19406
	Brandywine Bluefd Inc	Mutual Fund	8761	18464
	Calvert Short Duration Income - Y	Mutual Fund	151743	152650
	Columbia Acorn - Z	Mutual Fund	39673	48714
	Columbia Marisco Growth - Z	Mutual Fund	107822	118019
	Davis Ny Venture - A	Mutual Fund	85117	97039
	Fleming Jp Morgan Mid Cap Value	Mutual Fund	26506	32949
	Forum Absolute Strateties Fund	Mutual Fund	98258	103208
	Fundamental Invrs Inc - F	Mutual Fund	100153	111017
	Gateway Trust - Y	Mutual Fund	30380	29177
	Growth Fd Of America	Mutual Fund	112308	122810
	Harbor Fd Small Cap Value	Mutual Fund	59005	71223
	Hartford Midcap - A	Mutual Fund	25000	27534
	Ishares Tr Russell 1000 Gwth Indx	Mutual Fund	83606	84741
	Ishares Tr Russell 1000 Value Indx	Mutual Fund	47669	50593
	Ishares Tr Russell Midcap Value	Mutual Fund	25218	27719
	Jpmorgan Trust I Intrepid Value	Mutual Fund	80898	91438
	Legg Mason Navigator Value Trust - I	Mutual Fund	18180	15961
	Loomis Sayles Ii Invt Bond	Mutual Fund	109051	116691
	Mainstay Funds Large Cap Gwth - I	Mutual Fund	118961	128194
	Mainstay High Yield Corp Bond - A	Mutual Fund	211871	234078
	Masters Select Intl	Mutual Fund	31329	33496
	Mfs Trust I Value - W	Mutual Fund	127207	136925
	Nuveen Multi Strategy Inc & Gr	Mutual Fund	15572	19989
	Oppenheimer Dvlp Mkts - A	Mutual Fund	44281	56001
	Pimco Commodityreal - A	Mutual Fund	120	122
	Pimco Mgmt Sr Foreign - A	Mutual Fund	134445	148966
	Pimco Total Return	Mutual Fund	142344	150954
	Spdr Dow Jones Mid Cap Gwth	Mutual Fund	24361	27477
	Spdr Dow Jones Small Cap Gwth	Mutual Fund	27646	33982
	Thornburg Intl Value - I	Mutual Fund	136386	134970
	Vanguard Fixed Inc Inflation	Mutual Fund	104921	111901
	Vanguard Fixed Long Trm Investor	Mutual Fund	65513	73238
	Vanguard Indx Small Cap Value	Mutual Fund	27073	33632
	Wells Fargo Govt Bond	Mutual Fund	160485	162145

	Household Finance 7/15/10	Bond	25955	25040
	Lehman Bros 11/1/09	Bond	4130	5530
	Pfizer Inc 4.500% 2/15/14	Bond	52088	54469
	Developers Diversified	Stock	1590	3127
	Wal-Mart Stores Inc	Stock	51890	51001
	Inland American Real Estate Trust	Real Estate Investment Trust	198134	188710