Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

Employee 201

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	-		
		dentification Information						
For	calendar plan year 2010 or fisc	cal plan year beginning 01/01/201	0	and ending 1	0/08/2	2010		
A	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	Γhis return/report is for:	first return/report	final retur	n/report		_		
_		an amended return/report	short plar	year return/report (less than 12 mo	nths)			
_	21 11 17 (7)	<u>'</u> □	•		11110)	DEVC program		
C	Check box if filing under:	↑ Form 5558		natic extension DFVC program				
		special extension (enter description	,					
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation		1			
	Name of plan				1b	Three-digit		
PHO	ENIX SALES, INC. EMPLOYE	E RETIREMENT PLAN				plan number 001		
					10	(PN) •		
					10	Effective date of plan 01/01/1995		
2a	Plan snonsor's name and add	ress (employer, if for single-employer	nlan)		2h	Employer Identification Number		
	ENIX SALES, INC.	reas (employer, il for single employer	ριαιτή			(EIN) 59-3026050		
					2c	Plan sponsor's telephone number		
	NORTH 52ND STREET PA, FL 33619					407-294-4922		
17 (14)	71,1 2 00010				2d	Business code (see instructions) 423990		
20	Diam administratoria sassa ass	d address (if some as Discourses		. "	2h	Administrator's EIN		
PHO	ENIX SALES, INC.	d address (if same as Plan sponsor, e 1801 NORTH	H 52ND ST	REET	30	59-3026050		
		TAMPA, FL 3	33619		3c	Administrator's telephone number		
						407-294-4922		
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan numb	er from the last return/report. Sponso	r's name		4c	BN		
52	Total number of participants of	at the beginning of the plan year				25		
					5a			
b		at the end of the plan year			5b	0		
С		vith account balances as of the end of		•	5c	0		
62	•	during the plan year invested in eligib				X Yes No		
		the annual examination and report of		,				
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and condit	ions.)		Yes No		
		her 6a or 6b, the plan cannot use Fe						
Pa	rt III Financial Inform	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		. 7a	505612	2	0		
b	Total plan liabilities		. 7b					
С	Net plan assets (subtract line	7b from line 7a)	7с	505612	2	0		
8	Income, Expenses, and Trans			(a) Amount		(b) Total		
а	Contributions received or received			(1)		(1)		
	(1) Employers		. 8a(1)					
	(2) Participants		. 8a(2)	8689)			
	(3) Others (including rollovers	s)	. 8a(3)					
b	Other income (loss)		. 8b	-11742	2			
С	Total income (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	. 8c			-3053		
d		rollovers and insurance premiums		502520	,			
	to provide benefits)		. 8d	502539				
е	Certain deemed and/or correct	ctive distributions (see instructions)	. 8e					
f	Administrative service provide	ers (salaries, fees, commissions)	. 8f	20)			
g	Other expenses		. 8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h			502559		
i	Net income (loss) (subtract lin	ne 8h from line 8c)	. 8i			-505612		
		see instructions)						

	F	orm 5500-SF 2010 Page 2-]					
ar	t IV	Plan Characteristics						
)a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C 2 F 2 G 2 J 2 K 2 T 3 D	Characteri	stic Co	des in	the instruction	ons:	
h		2F 2G 2J 2K 2T 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteris	etic Co	dae in t	he instructio	ne.	
	11 (110	plan provides wellare serionis, enter the applicable wellare realities edges from the blot of high e	naraotone		uco III (110.	
art	t V	Compliance Questions						
0	Durin	ng the plan year:		Yes	No	Δ	mount	
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions report ne 10a.)	ed 10b		X			
С	Was	the plan covered by a fidelity bond?	10c	X				50000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra shonesty?	ud 10d		X			
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X				1250
f	Has t	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did tl	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		X			
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and	•			•	Yes	X No
2	Is thi	is a defined contribution plan subject to the minimum funding requirements of section 412 of the C	Code or se	ection 3	302 of I	ERISA?	Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ing the waiver.		,				-
If	•	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			Day.			
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the tive amount)		[12d			
е	Will th	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets						
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	No
					40-		-	0

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... X Yes No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	05/23/2011	F. SCOTT HALL					
HERE	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					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2010

2010

OMB Nos. 1210-0110

1210-0089

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

This Form is Open to Public Inspection

	rt I Annual Report Identification Information								
For		01/01/2	010	and ending		10/08/201	0		
Αī	his return/report is for: X single-employer plan	multiple-e	mployer plan (r	not multiemployer)		one-participa	nt plan		
Вт	his return/report is for: first return/report								
	an amended return/report	short plan	year return/rep	oort (less than 12 mo	nths)				
C	Check box if filing under: X Form 5558	automatic	extension			☐ DFVC progra	m		
	special extension (enter description	on)							
Pa	rt II Basic Plan Information—enter all requested inform	•							
<u> </u>	Name of plan				1b	Three-digit			
	Phoenix Sales, Inc. Employee Retirement	Plan				plan number	001		
					10	(PN) Fractive data at	001		
					10	Effective date of 01/01/1995			
2a	Plan sponsor's name and address (employer, if for single-employer Phoenix Sales, Inc.	plan)			2b	Employer Identif			
	rnoenix Sales, inc.					(EIN) 59-302			
					2c	Plan sponsor's t (407) 294-4	elephone number 4922		
	1801 North 52nd Street				2d	Business code (
	Tampa			33619	<u> </u>	423990	·		
3a	Plan administrator's name and address (if same as Plan sponsor, e	enter "Same	e")		3b	Administrator's I	EIN		
					30	Administrator's	elephone number		
				<u></u>					
	the name and/or EIN of the plan sponsor has changed since the la		port filed for thi	s plan, enter the	4b	EIN			
r	name, EIN, and the plan number from the last return/report. Sponso	or's name			4c	PN			
5a	Total number of participants at the beginning of the plan year				5a	T	25		
_					5b				
	Total number of participants with account balances as of the end of								
	complete this item)				5c		0		
	Were all of the plan's assets during the plan year invested in eligib						X Yes No		
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use F								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year		
а	Total plan assets	7a		505,61	2		0		
þ	Total plan liabilities	7b			_				
c	Net plan assets (subtract line 7b from line 7a)	. 7с		505,61	.2		0		
8	Income, Expenses, and Transfers for this Plan Year		(a	ı) Amount	\bot	(b) 1	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		8,68	39				
	(3) Others (including rollovers)			5,700	Ť				
b	Other income (loss)			(11,742	2.5				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			,,	+		(3,053)		
			 						
d	Benefits paid (including direct rollovers and insurance premiums								
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		502,53	39				
	Benefits paid (including direct rollovers and insurance premiums	8d 8e							
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f			39				
е	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f					500 550		
e f	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8g					502,559		
e f g	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 8e 8f 8g 8h 8d					502,559 (505,612)		

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Plan Characteristics

Part IV

		e plan provides pension benefits, enter the applicable pension featu 2E 2F 2G 2J 2K 2T 3D e plan provides welfare benefits, enter the applicable welfare featu								
Part	V	Compliance Questions								
10		ing the plan year:			Ye	es	No	A	mount	
а	Wa	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	within the time per y Correction Progra	iod described in m)1	0a		Х			
b	We	re there any nonexempt transactions with any party-in-interest? (Deline 10a.)	o not include transa	ctions reported	0b		Х			
C	Wa	as the plan covered by a fidelity bond?		1	0c >	ζ.				50,000
d	Did or o	the plan have a loss, whether or not reimbursed by the plan's fidel dishonesty?	lity bond, that was c	aused by fraud	0d		Х			\
е	ins	ere any fees or commissions paid to any brokers, agents, or other p urance service or other organization that provides some or all of the structions.)	e benefits under the	plan? (See	0e >	ζ		ą il ney		1,250
f	На	s the plan failed to provide any benefit when due under the plan?			Of		Х			
q	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	1	0g		Х			
h	If th	nis is an individual account plan, was there a blackout period? (See	instructions and 29	CFR	0h		Х			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i					
Part	VI	Pension Funding Compliance								
11	Is th	nis a defined benefit plan subject to minimum funding requirements							Yes	X No
12		this a defined contribution plan subject to the minimum funding requ							Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
	If a	waiver of the minimum funding standard for a prior year is being a nting the waiver.	mortized in this plar	Month	ons, ar	nd er	Day	e date of th	e letter re Year	uling
lf :	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MI	B (Form 5500), and	I skip to line 13.			- T			
b	Ent	er the minimum required contribution for this plan year				-	12b			
С		er the amount contributed by the employer to the plan for this plan					12c			
d	neg	otract the amount in line 12c from the amount in line 12b. Enter the gative amount)					12d	7	7	
е	Wil	the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	На	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?		<u></u>			X Yes	s No
	If "	Yes," enter the amount of any plan assets that reverted to the empl	loyer this year				13a			0
b	We of	ere all the plan assets distributed to participants or beneficiaries, tra the PBGC?	ansferred to another	plan, or brought un	der the	e cor			X Yes	No
С		during this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan(s					
	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) P			3) PN(s)	
									+	
Caut	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonable	cause	is e	establ	ished.		
SBo	r Sc	nalties of perjury and other penalties set forth in the instructions, I hedule Ma completed and signed by an enrolled actuary, as well a s true, correct, and complete.	declare that I have is the electronic vers	examined this retur sion of this return/re	n/repo eport, a	rt, ind	cluding the b	g, if applica best of my k	ble, a Sc (nowledg	hedule e and
	1/4	- Hull HAV	5/18/2011	F. Scott Ha	11					
SIG	P. Toron	Signature of plan administrator	Date	Enter name of inc	Service of the	sian	nina as	s plan admi	nistrator	
		orginature or plan auministrator	2310	F. Scott Ha		J.g.	9 at	p.c. duill		
SIG			Data			l e!-	vin = -	omale	or elen-	nonces
HEF	VE.	Signature of employer/plan sponsor	Date	Enter name of inc	iividua	sigr	ing as	employer	or plan s	ponsor