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).

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	rension Benefit Guaranty Corporation Comp	olete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.				
Pa	art I Annual Report Identificat	tion Information							
For	calendar plan year 2010 or fiscal plan year	beginning 01/01/20	10	and ending 1	2/31/2	2010			
Α	This return/report is for:	mployer plan	multiple-e	employer plan (not multiemployer)		one-participant pl	lan		
	· —	rn/report	final retur	n/report					
_		nded return/report	=	n year return/report (less than 12 mo	nths)				
_	봄		╡ :	, , ,	111113)	□ pr\/c =======			
C	Check box if filing under:	L		extension		DFVC program			
	special e	extension (enter descript	ion)						
Pa	art II Basic Plan Information—	enter all requested inforr	mation						
	Name of plan				1b	Three-digit			
FAS	T LANE CLOTHING COMPANY, INC. 401(K) PROFIT SHARING P	PLAN			plan number	001		
					4.0	(PN) •			
					10	Effective date of pla 01/01/1998			
22	Plan sponsor's name and address (emplo	vor if for single employe	r plop)		2h	Employer Identificati			
	Flan sponsor's name and address (emplo FLANE CLOTHING COMPANY, INC.	yer, ir for single-employe	i pian)		20	(EIN) 59-2465345			
					2c	Plan sponsor's telep	hone number		
	BOX 311779 PA, FL 33680-3779					813-879-32	.98		
I AIVI	FA, FE 33000-3779				2d	Business code (see	instructions)		
			. "0		O.L.	315230			
FAS	Plan administrator's name and address (if T LANE CLOTHING COMPANY, INC.	same as Plan sponsor, P.O. BOX 3	enter "Samo 311779	e")	30	Administrator's EIN 59-2465345	5		
	,	TAMPA, FL	. 33680-377	9	30	3c Administrator's telephone num			
							813-879-3298		
	f the name and/or EIN of the plan sponsor			port filed for this plan, enter the	4b				
	name, EIN, and the plan number from the I	ast return/report. Spons	or's name		40	DN			
	Total constant of a self-in out of the books	Samuel the mala access			4c	PN			
	Total number of participants at the beginn				5a		9		
b	Total number of participants at the end of	the plan year			5b		0		
С	Total number of participants with account			•	5 0		0		
	complete this item)				5c	<u> </u>	71		
	Were all of the plan's assets during the p	,		'			Yes No		
D	Are you claiming a waiver of the annual e under 29 CFR 2520.104-46? (See instruc					>	Yes No		
	If you answered "No" to either 6a or 6k	• •		•					
Pa	rt III Financial Information	•							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Y			
а	Total plan assets		7a	9630	1	. ,	0		
b	Total plan liabilities			()		0		
С	Net plan assets (subtract line 7b from line			96301	1		0		
8	Income, Expenses, and Transfers for this		70	(a) Amount		(b) Total			
а	Contributions received or receivable from			(a) Amount		(b) Total	I		
ű	(1) Employers		8a(1))				
	(2) Participants		8a(2))				
	(3) Others (including rollovers))				
b	Other income (loss)		•	3045	5				
С	Total income (add lines 8a(1), 8a(2), 8a(3)						3045		
d	Benefits paid (including direct rollovers ar								
_	to provide benefits)	•	8d	99346	5				
е	Certain deemed and/or corrective distribu)				
f	Administrative service providers (salaries)				
g	Other expenses	•		()				
h	Total expenses (add lines 8d, 8e, 8f, and						99346		
i	Net income (loss) (subtract line 8h from lin						-96301		
i	Transfers to (from) the plan (see instruction)				
	, ,	,	1 01						

	Form 5500-SF 2010 Page 2-				
a	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.				
art	t V Compliance Questions				
)	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	Х		73
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
rt	VI Pension Funding Compliance				
I	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	•			`
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA? Yes No
а	(If "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 amortized in this plan year, see instruct granting the waiver. Monti	,	and e	nter the Day _	

d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a pative amount)					
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					es	No

12b

12c

X Yes No

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

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

12

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.	05/25/2011	LORI J DAVIS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/25/2011	LORI J DAVIS
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration

Pansion Benefit Gueranty 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).

Complete all entries in accordance with the instructions to the Form 5500-\$F.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

7012	Annual Report Identification Information	ance with	the instruction	ons to the Form 5500-	Э Г.			
_	Annual Report Identification Information the calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010	and ending	12	/31/2010		
				ot multiemployer)	- 14/)		
				ot mullemployer)	_	one-participar	nt plan	
0		final return						
_			year return/rep	ort (less than 12 months	i)	1		
C	Check box if filing under: Form 5558		L	DFVC program	n			
	special extension (enter description)							
_	Basic Plan Information enter all requested Information	mation.						
1a	Name of plan					hree-digit lan nuniber		
	Fast Lane Clothing Company, Inc. 401(k) Profit		(F	001				
			1c Effective date of plan					
2a	Plan sponsor's name and address (employer, if for single-employer pla	70)				1/01/1998	- M M M M M M M M.	
4 0	Fast Lane Clothing Company, Inc.	an)				mpioyer identin EIN)	ication Number 5345	
					2c P	lan sponsor's te	elephone number	
	P.O. Box 311779			-		813) 879-3		
US	Tampa FL 33680-3779					usinessi code (s	see instructions)	
3a	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ter "Same'	")		3b A	dministrator's E	IN	
	Same							
					3c A	dministrator's te	elephone number	
4	If the name and/or EIN of the pien sponsor has changed since the last	t return/rep	ort filed for this	plan, enter the	4b €	IN		
	name, EIN and the plan number from the last return/report. Sponsor's	Name		r	4c P	N	· ·	
5a	Total number of participants at the beginning of the plan year	4 × 1			5a		9	
b	Total number of participants at the end of the plan year ,			[5b		0	
C	Total number of participants with account balances as of the end of the	e plan yea	r (defined bene-	fit plans do not	F .			
àa	Complete this item)	seate2 (Se	e Instructions 1		<u>5c</u>		0	
	Are you claiming a weiver of the annual examination and report of an i	independe	nt qualified bub			h F c x	X Yes No	
	under 29 CFR 2520.104-46? (See instructions on walver eligibility and	conditions	1.)			k. * *	X Yes No	
-	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF	and must Inste	ad use Form 5500.	· ·			
7	Financial Information	F 130,700 mil 2873	1					
а	Plan Assets and Llabilities Total plan assets		(a) Be	ginning of Year		(b) End o	of Year	
b	Total plan liabilities	7a		96,301			0	
~		7b		0			0	
1	Net plan assets (subtract line 7b from line 7a)	7c		96,301			0	
a	Income, Expenses, and Transfers for this Plan Yeer Contributions received or receivable from:	2.1000年1月20日 2.100日本日本	(=	a) Amount	WORLD CAN	(b) T	otal	
_	(1) Employers	_8a(1)		0			N .	
	(2) Participants	8a(2)		0			536	
	(3) Others (including rollovers)	_6a(3)		0			O	
Ь	Other income (loss)	8b		3,045		MA		
d	Total Income(add lines 8e(1), 8e(2), 8e(3), and 8b)	B¢	以上,				3,045	
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)						Mary 10	
9	Certain deemed and/or corrective distributions (see instructions)	8d		99,346				
F	Administrative service providers (salarles, fees, commissions)	8e		0				
3	Other expenses			0				
1	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g		0	F P T			
•	Net Income (loss) (subject line 8h from line 8c)	8h					99,346	
_	Transform to (from) the	81		电影对象对外和关系数据	bedsine was we		(96,301)	
91	Paperwork Reduction Act Notice and OMB Control Numbers, see the	ne Instruc	lons for Form	5600.05				
			, 01111	SOUGE.		10-04	- Constant Part of the Part of	

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	Form 5500-9F 2010	ļ	Page 2-		_				
r U	Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feat	ure codes from the L	ist of Plan Characte	rislic (Codes	In the	Instructions	62	
h	2E 2F 2G 2J 2K 3D		1 - (D) O(1	-41- O					
D	If the plan provides welfare benefits, enter the applicable welfare featur	re codes from the Lis	t of Plan Characten	Stic Co	odes in	n the ir	asiructions;		
i e l'	Compliance Questions								
10	During the plan year:				Yes	No	,	Amount	
a	Was there a failure to transmit to the plan any participant contribution					x			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I			10a	_	- **			
	on line 10a.)		1 , 1 , 1	10b		х			
С	Was the plan covered by a fidelity bond?			10¢	x				10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide								
	or dishonesty?			10d		X			
e							**		
	Insurance services or other organization that provides some or all of instructions.)			10e	х				73
f	Has the plan failed to provide any benefit when due under the plan?			10f		x			_
g	Did the plan have any participant loans? (If "Yes." enter amount as o	fyear end.)		109		x			
h		e Instructions and 29	CFR	401		х	* 1370		
¥	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the	roguland notion or on	a of the	10h					
'	exceptions to providing the notice applied under 29 CFR 2520,101-3	•		10i					
Par	Pension Funding Compliance			2					
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))			ete Sc	hedule	SB (Forni	Tyes	X No
12	Is this a defined contribution plan subject to the minimum funding rec			section	n 302	of ER	ISA?		
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicab								
a									
17	granting the walver ,			ith		Day		Year	
b	Enter the minimum required contribution for this plan year		-	. ,	. Г	12b			
C	Enter the amount contributed by the employer to the plan for this plan					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter th	e result (enter a min	us sign to the left of			12d			
_	negative amount)			4 1	٠ _		Dyas	- No	INVA
e	Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	tunding deadline?		•	. ,		\\ '\es	∐No_	N/A
property of	Has a resolution to terminate the plan been adopted during the plan	Veas or any prior year	2					XYes	No
-	If "Yes," enter the amount of any plan assets that reverted to the emp					13a		, [1] .00	0
b	Were all the plan assets distributed to participants or beneficiaries, tr					_			
	of the PBGC?							. XYes	□ No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred, (See instructions.)	this plan to another p	plan(s), identify the p	plan(s)) to				
	13c(1) Name of plan(s);				13	c(2) E	IN(s)	13c(3)	PN(s)
						(-/-			11(0)
				_					
Dél	on: A penalty for the late or incomplete filling of this return/report v	Will be expected	lose romentis			hii-t			
			The same of the sa		-	diam'r.		. ^.	
OF	der 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 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								
lef	It is true, correct, and/complete.						-		
	for Burs	5/24/11	Lori J. Davi	.6					
Pt. ***	Signature of plan administrator	Date	Enter name of Ind	livldua	i signi	ng as	plen admini	strator	
(e		-	1	_					
77	Signature of employer/plan aponsor	Date	Enter name of ind	lvidua	signir	1g as 6	mployer or	plan spons	sor