

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
--	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 12/01/2009 and ending 11/30/2010	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☐ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan EVERGLADES FARM EQUIPMENT 401(K) PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1973
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) EVERGLADES FARM EQUIPMENT COMPANY, INC. P O BOX 910 BELLE GLADE, FL 33430
2b	Employer Identification Number (EIN) 59-1000566
2c	Sponsor's telephone number 561-996-6531
2d	Business code (see instructions) 441229

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.	06/17/2011	BRIAN L. PURSELL
	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") EVERGLADES FARM EQUIPMENT COMPANY, INC. P O BOX 910 BELLE GLADE, FL 33430	3b Administrator's EIN 59-1000566 3c Administrator's telephone number 561-996-6531
--	---

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	180
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	134
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	34
d Subtotal. Add lines 6a , 6b , and 6c	6d	168
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	168
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	164
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7
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 2F 2G 2J 2K 3D 2T

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) ☒ 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) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
--	--

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2009 or fiscal plan year beginning <u>12/01/2009</u> and ending <u>11/30/2010</u>		
A Name of plan <u>EVERGLADES FARM EQUIPMENT 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EVERGLADES FARM EQUIPMENT COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>59-1000566</u>	

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)	1761	139
(2) Participant contributions	1b(2)	16005	3448
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(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)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	254921	202166
(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)	2676682	3104493
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	2949369	3310246

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2949369	3310246
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	43756	
(B) Participants	2a(1)(B)	228521	
(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)		272277

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	8847	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8847

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	14206	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14206

(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)		
(B) Other	2b(5)(B)		
(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)		
(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)		329708
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		625038

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	262311	
(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)		262311
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)	1850	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1850
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		264161

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		360877
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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) ☒ 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 ☐ No

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

(1) Name: **HAFER COMPANY, LLC**

(2) EIN: **59-1957255**

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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 12/01/2009 and ending 11/30/2010

A Name of plan <u>EVERGLADES FARM EQUIPMENT 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EVERGLADES FARM EQUIPMENT COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>59-1000566</u>

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	<u>0</u>
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): <u>04-3581074</u>		
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 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

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

Schedule R (Form 5500) 2009
v.092308.1

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): _____

- 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): _____

CONTENTS

Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4
Supplemental Schedules	
Form 5500 – Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	7
Form 5500 – Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)	8

HAFER COMPANY

Certified Public Accountants

249 ROYAL PALM WAY, SUITE 300
PALM BEACH, FLORIDA 33480

TELEPHONE (561) 655-8700

FACSIMILE (561) 655-6964

WWW.HAFERCPAS.COM

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Everglades Farm Equipment 401(k) Profit Sharing Plan

We were engaged to audit the financial statements of Everglades Farm Equipment 401(k) Profit Sharing Plan as of November 30, 2010 and 2009, and for the year ended November 30, 2010, and the supplemental schedules as of and for the year ended November 30, 2010 as listed in the accompanying index. These financial statements and schedules 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 the information summarized in Note 6, which was certified by ING Institutional Plan Services, LLC, as agent for Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended November 30, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, 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.


Palm Beach, Florida
April 21, 2011

EVERGLADES FARM EQUIPMENT 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets		
Investments, at fair value	\$ 3,104,493	\$ 2,676,682
Receivables:		
Employer's contributions	139	1,761
Participants' contributions	<u>3,448</u>	<u>16,005</u>
	3,587	17,766
Participant loans	<u>202,166</u>	<u>254,921</u>
Total assets	<u>3,310,246</u>	<u>2,949,369</u>
Liabilities		
Accrued expenses	<u>-</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 3,310,246</u></u>	<u><u>\$ 2,949,369</u></u>

See notes to financial statements.

EVERGLADES FARM EQUIPMENT 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended November 30, 2010

Additions

Additions to net assets attributed to:

Net appreciation in fair value of investments:

Realized gains	\$ 9,492
Unrealized gains	320,216
	<u>329,708</u>

Investments:

Dividends	14,206
Interest on loans	8,847
	<u>23,053</u>

Contributions:

Participants'	228,521
Employer's	43,756
	<u>272,277</u>

Total additions 625,038

Deductions

Deductions from net assets attributed to:

Benefits paid to participants'	262,311
Administration and management fees	1,850
	<u>264,161</u>

Total deductions 264,161

Net increase in net assets available for benefits 360,877

Net assets available for benefits, beginning of plan year 2,949,369

Net assets available for benefits, end of plan year \$ 3,310,246

See notes to financial statements.

EVERGLADES FARM EQUIPMENT 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
November 30, 2010 and 2009

NOTE 1: Description of plan

The following description of the Everglades Farm Equipment Co. ("the Company") 401(k) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have at least one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year, participants may elect to defer up to 92% of annual compensation, as defined in the Plan, each year instead of receiving that amount in cash. In addition, participants may elect to defer up to 92% of any bonus paid during the year. However, total deferrals in any taxable year may not exceed federally established guidelines. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company has the option of making matching contributions, discretionary profit sharing contributions, and/or qualified non-elective contributions each year at the discretion of the Company's Board of Directors.

Participant accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings. Each participant is also charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contributions portion of their accounts plus actual earnings thereon is based upon years of service. A vesting schedule for the Plan is as follows:

<u>Years of Service</u>	<u>Percentage</u>
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Participant loans

Participants may borrow from their fund accounts a minimum of \$500 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear an interest rate that is deemed to be a reasonable rate of interest as determined by reviewing interest rates charged for similar types of loans by other lenders. Principal and interest is paid ratably through weekly payroll deductions.

Payment of benefits

On termination of service due to death, disability or retirement, a participant will receive a single lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of services due to reasons other than death, disability, or retirement, the participant may elect to have their vested benefits distributed as soon as administratively possible. However, if the value of the vested benefits is less than \$5,000, a lump-sum distribution will be made to the participant regardless of whether they elected to receive it.

EVERGLADES FARM EQUIPMENT 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
November 30, 2010 and 2009

NOTE 1: Description of plan (continued)

Forfeited accounts

For the years ended November 30, 2010 and 2009, forfeited non-vested accounts totaled \$3,325 and \$2,304, respectively. These accounts can be used to reduce future employer contributions or can be allocated to active plan participants.

NOTE 2: Summary of significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Estimates

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

Investment valuation and income recognition

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Subsequent events

Subsequent events have been evaluated through April 21, 2011, the date the financial statements were available to be issued in accordance with FASB ASC 855.

NOTE 3: Investments

The following schedule presents investments at November 30, 2010 and 2009 that represent 5% or more of the Plan's net assets:

	<u>2010</u>	<u>2009</u>
Invesco Large Capital Growth Fund, 17,602 and 17,232 shares, respectively	\$ 202,424	\$ 171,111
Oppenheimer Capital Appreciation Fund, 10,091 and 10,648 shares, respectively	\$ 416,569	\$ 407,277
Oppenheimer Quest Balanced Fund, 27,696 and 28,251 shares, respectively	\$ 410,180	\$ 385,339
Legg Mason Aggressive Growth Fund, 3,624 and 4,029 shares, respectively	\$ 376,564	\$ 336,903
Western Asset Money Funds Cash Fund, 275,261 and 244,608 shares, respectively	\$ 275,261	\$ 244,608
Legg Mason Large Capital Growth Fund, 9,519 and 9,041 shares, respectively	\$ 218,463	\$ 192,579
Legg Mason Government Securities Fund, 21,709 and 19,704 shares, respectively	\$ 227,511	\$ 195,658
Oppenheimer Global Growth Fund, 2,163 and 3,130 shares, respectively	\$ 124,061	\$ 163,664
Allianz RCM Global Technology Fund A, 3,446 and 3,430 shares, respectively	\$ 158,992	\$ 118,989
Oppenheimer Gold and Special Mineral Fund, 3,574 and 0 shares, respectively	\$ 188,726	\$ -

EVERGLADES FARM EQUIPMENT 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
November 30, 2010 and 2009

NOTE 3: Investments (continued)

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2010</u>	<u>2009</u>
Mutual funds	\$ 329,708	\$ 565,416

NOTE 4: Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 5: Tax status

The Internal Revenue Service has determined and informed the Company by a letter that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC) and is exempt from federal income tax under Section 501(a) of the Code.

NOTE 6: Information prepared and certified by trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	<u>2010</u>	<u>2009</u>
Investments, at fair value:		
Mutual funds	\$ 3,104,493	\$ 2,676,682
Investment income:		
Net appreciation in fair value of investments	\$ 329,708	\$ 565,416
Dividends	\$ 14,206	\$ 29,640
Interest on loans	\$ 8,847	\$ 8,075

EVERGLADES FARM EQUIPMENT 401(K) PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

November 30, 2010

Employer Number: 59-1000566
Plan Number: 001

(a)	(b) Name of Issuer	(c) Description of Investments	(e) Current Value
	Oppenheimer	Capital Appreciation Fund	416,569
	Oppenheimer	Quest Balanced Fund	\$ 410,180
	Legg Mason	Aggressive Growth Fund	376,564
	Western Asset	Money Funds Cash Fund	275,261
	Legg Mason	U.S. Government Securities Fund	227,511
	Legg Mason	Large Capital Growth Fund	218,463
	Invesco	Large Capital Growth Fund	202,423
	Oppenheimer	Gold and Special Minerals Fund	188,726
	Allianz	RCM Global Technology Fund A	158,991
	Oppenheimer	Global Fund	124,061
	Legg Mason	Capital Appreciation Fund	99,369
	Legg Mason	Small-Cap Growth Fund	97,025
	Legg Mason	S&P 500 Growth Fund	74,046
	Invesco	Capital Growth Fund	71,119
	Legg Mason	Fundamental Fund	61,526
	MFS	Global Growth Fund	34,193
	Legg Mason	Mid-Cap Core Fund B	21,474
	Legg Mason	Emerging Markets	18,170
	Oppenheimer	International Bond Fund	13,719
	American	New Perspective R3	12,335
	American	Euro Growth R3	2,768
		Total investments, excluding participant loans	3,104,493
* Participant Loans			
Participant borrowings against their individual account balances, interest rates range from 4% to 6%, and maturing through January 2036			202,166
Total investments, including participant loans			\$ 3,306,659

* Denotes party-in-interest

See auditors' report.

EVERGLADES FARM EQUIPMENT 401(K) PROFIT SHARING PLAN
FORM 5500 - SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
For the year ended November 30, 2010

Employer Number: 59-1000566
Plan Number: 001

(a) Name of Issuer	(b) Description of Investments	(c) Costs of Acquisition	(d) Proceeds of Dispositions
Oppenheimer	Gold and Special Minerals Fund	\$ 190,650	\$ 26,885
Western Asset	Money Funds Cash Fund	\$ 137,507	\$ 106,854
Legg Mason	U.S. Government Securities Fund	\$ 126,764	\$ 109,327
Legg Mason	Aggressive Growth Fund	\$ 46,101	\$ 84,459
Oppenheimer	Capital Appreciation Fund	\$ 38,270	\$ 58,307
Oppenheimer	Quest Balanced Fund	\$ 36,125	\$ 44,051
Oppenheimer	Global Fund	\$ 27,788	\$ 79,157
Legg Mason	Large Capital Growth Fund	\$ 26,225	\$ 15,142
Invesco	Large Capital Growth Fund	\$ 24,134	\$ 19,658
Legg Mason	Small-Cap Growth Fund	\$ 21,879	\$ 28,754
Allianz	RCM Global Technology Fund A	\$ 16,889	\$ 15,430
Invesco	Capital Growth Fund	\$ 16,288	\$ 9,372
Legg Mason	S&P 500 Growth Fund	\$ 13,915	\$ 6,223
Legg Mason	Fundamental Fund	\$ 12,726	\$ 8,254
Legg Mason	Capital Appreciation Fund	\$ 6,960	\$ 35,759
MFS	Global Growth Fund	\$ 6,851	\$ 2,198
Oppenheimer	International Bond Fund	\$ 6,561	\$ 406
Legg Mason	Emerging Markets	\$ 6,410	\$ 5,159
American	New Perspective R3	\$ 5,716	\$ -
Legg Mason	Mid-Cap Core Fund B	\$ 4,061	\$ 8,238
American	Euro Growth R3	\$ 2,619	\$ 12,657

See auditors' report.

PART IV
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(B) IDENTITY OF ISSUE	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
Allianz RCM Technology A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	116,219.91	158,991.52
Amer Euro Grwth R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	2,455.90	2,767.53
Amer New Persp R3	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	11,472.76	12,334.69
Invesco Large Cap Gr A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	189,417.34	202,423.52
Invesco VK Capital Grw	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	59,488.24	71,118.75
LM CBrdge Fndmentl AllCpV	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	59,200.55	61,525.72
Legg Battery Em Mkts Trst	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	14,165.24	18,169.79
Legg CBrdge Agg Grw	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	326,470.54	376,564.50
Legg CBrdge Cap	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	118,360.43	99,368.71
Legg CBrdge Lrge Cap Grw	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	195,637.62	218,462.84
Legg CBrdge Mid Cap Core	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	19,893.55	21,473.78
Legg CBrdge SCap Grw	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	80,747.76	97,025.24
Legg S&P 500 Ind	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	72,870.43	74,045.74
Legg West Asst Govt Secur	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	210,072.29	227,511.12
Loan Fund	LOANS TO PARTICIPANTS: OTHER	202,165.74	202,165.74
MFS Global Growth	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	29,534.90	34,192.56
Oppen Quest Balanced-A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	424,931.04	410,180.26
Oppenheimer Cap App	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	401,118.85	416,569.51
Oppenheimer Global	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	116,014.15	124,061.49
Oppenheimer Gold & Sp Min	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	160,519.01	188,726.02
Oppenheimer Intl Bond-A	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	13,355.16	13,719.08
Western Asst Money Market	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES	275,260.65	275,260.65