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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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
MULLINAX FORD EMPLOYEES 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1996

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

MULLINAX FORD

1551 EAST SEMORAN BLVD
APOPKA, FL 32703

1551 EAST SEMORAN BLVD
APOPKA, FL 32703

2b Employer Identification Number (EIN) 59-3619944

2c Sponsor's telephone number 407-889-7600

2d Business code (see instructions) 441110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	KIMBERLY LENAHAN
	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")
MULLINAX FORD

1551 EAST SEMORAN BLVD
APOPKA, FL 32703

3b Administrator's EIN
59-3619944

3c Administrator's telephone number
407-889-7600

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**	187
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**	183
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	11
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	194
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	195
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	105
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2T 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)		**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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MULLINAX FORD EMPLOYEES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MULLINAX FORD

D Employer Identification Number (EIN)
59-3619944

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 37	RECORDKEEPER	8816	Yes [ ] No [X]	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 [ ]

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)

(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

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

(complete as many entries as needed)

a Name: MORRISON, BROWN, ARGIZ, & FARRA,LLC

b EIN: 27-4677688

c Position: ACCOUNTANT

d Address: 1001 BRICKWELL BAY DR, 9TH FLOOR
MIAMI, FL 33131

e Telephone: 407-237-3600

Explanation: CORRECTING AUDITOR'S NAME AND EIN

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MULLINAX FORD EMPLOYEES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MULLINAX FORD

D Employer Identification Number (EIN)
59-3619944

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)		
(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)	733456	1088578
(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)	6911	10931
(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)	2099922	1989945
(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	2840289	3089454
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 through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2840289	3089454

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)	61314	
(B) Participants	2a(1)(B)	361023	
(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)		422337
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	85	
(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)	300	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		385
(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)	58117	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		58117
(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)		

		(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)		
(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)		-80980
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		399859
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	141445	
(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)		141445
f Corrective distributions (see instructions)	2f		132
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)	9117	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		9117
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		150694
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		249165
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: MORRISON, BROWN, ARGIZ, & FARRA,LLP **(2)** EIN: 01-0720052

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		350000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MULLINAX FORD EMPLOYEES 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MULLINAX FORD

D Employer Identification Number (EIN)
59-3619944

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): 04-6568107

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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): _____

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):

MBAF
MORRISON BROWN ARGIZ & FARRA, LLC
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Administrator and Trustee
Mullinax Ford Employees 401(k) Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of Mullinax Ford Employees 401(k) Retirement Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental 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 Fidelity Management 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 December 31, 2011 and 2010, 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 supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental 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.

Morrison, Brown, Argiz & Farra

Orlando, Florida
October 11, 2012

Form **5558**
(Rev. June 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
Mullinax Ford

Number, street, and room or suite no. (If a P.O. box, see instructions)
1551 East Semoran Blvd

City or town, state, and ZIP code
Apopka, FL 32703

B **Filer's identifying number (see instructions)**
Employer identification number (EIN)
59-3619944

Social security number (SSN) (see instructions)

C	Plan name	Plan number	Plan year ending- MM	DD	YYYY
1	Mullinax Ford Employees 401(k) Retirement Plan	001	12	31	2011
2					
3					

Part II Extension of Time To File Form 5500 series, and/or Form 8955-SSA

1 I request an extension of time until 10 / 15 / 2012 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until 10 / 15 / 2012 to file Form 8955-SSA (see instructions).
Note. A signature IS required if you are requesting an extension to file Form 8955-SSA

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

3 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ **a**

b Enter the payment amount attached . . . . . ▶ **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . ▶ **c**

4 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date** ▶ 07/03/2012

MULLINAX FORD EMPLOYEES 401 (K) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011
PLAN NUMBER 001
EIN 59-3619944

(a)	(b) Identity of Issuer, 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
*	Fidelity Money Market Trust Retirement Money Market Portfolio	Money Market Fund	**	$ 1,088,578
*	Fidelity Freedom 2010 Fund	Mutual Fund	**	475,337
*	Fidelity Freedom 2030 Fund	Mutual Fund	**	182,961
*	Fidelity Freedom 2015 Fund	Mutual Fund	**	177,288
*	Fidelity Freedom 2020 Fund	Mutual Fund	**	143,596
*	Spartan Total Market Index Fund	Mutual Fund	**	124,961
*	Fidelity OTC Portfolio	Mutual Fund	**	101,677
*	Fidelity Freedom 2025	Mutual Fund	**	89,430
*	Fidelity Real Estate Investment Portfolio	Mutual Fund	**	82,749
*	Fidelity Small Cap Discovery	Mutual Fund	**	59,612
*	Fidelity Freedom 2040	Mutual Fund	**	59,071
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**	58,015
*	Fidelity Contrafund	Mutual Fund	**	48,440
*	Fidelity Small Cap Value Fund	Mutual Fund	**	45,668
*	Fidelity Mid-Cap Stock Fund	Mutual Fund	**	39,797
*	Fidelity Freedom 2035	Mutual Fund	**	34,331
*	Fidelity Dividend Growth Fund	Mutual Fund	**	32,235
*	Fidelity Diversified International Fund	Mutual Fund	**	31,861
*	Fidelity Growth Company Fund	Mutual Fund	**	26,190
*	Fidelity Fifty	Mutual Fund	**	25,909
*	Fidelity Freedom 2050	Mutual Fund	**	24,187
*	Fidelity Overseas Fund	Mutual Fund	**	23,864
*	Fidelity Freedom 2045	Mutual Fund	**	20,388
*	Fidelity Freedom 2005	Mutual Fund	**	20,281
*	Fidelity Freedom Income Fund	Mutual Fund	**	20,007
*	Fidelity Large Cap Stock Fund	Mutual Fund	**	9,733
*	Fidelity Value Fund	Mutual Fund	**	8,311
*	Fidelity Investment Grade Bond Fund	Mutual Fund	**	5,481
*	Spartan Extended Market Index Fund	Mutual Fund	**	4,685
*	Fidelity Puritan Fund	Mutual Fund	**	4,478
*	Fidelity Value Strategies Fund	Mutual Fund	**	3,996
*	Fidelity Equity-Income II Fund	Mutual Fund	**	1,702
*	Fidelity Growth Strategies Fund	Mutual Fund	**	1,425
*	Fidelity Short-Term Bond Fund	Mutual Fund	**	1,020
*	Fidelity Equity-Income Fund	Mutual Fund	**	583
*	Fidelity Freedom 2000 Fund	Mutual Fund	**	347
*	Fidelity Intermediate Bond Fund	Mutual Fund	**	329
		TOTAL		**$ 3,078,523**
*	Notes receivable from participants	Interest Rates 4.50% - 8.25% Maturity Dates through December, 2022		**$ 10,931**

* Represents a party-in-interest.
** Cost information omitted for participant directed investments.

MULLINAX FORD EMPLOYEES 401 (K) RETIREMENT PLAN

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010
PLAN NUMBER 001
EIN 59-3619944

(a)	(b) Identity of Issuer, 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
*	Fidelity Money Market Trust Retirement Money Market Portfolio	Money Market Fund	**	$ 733,456
*	Fidelity Freedom 2010 Fund	Mutual Fund	**	460,710
*	Fidelity Freedom 2020 Fund	Mutual Fund	**	174,924
*	Fidelity Freedom 2030 Fund	Mutual Fund	**	171,329
*	Fidelity Real Estate Investment Portfolio	Mutual Fund	**	167,372
*	Fidelity OTC Portfolio	Mutual Fund	**	142,550
*	Fidelity Freedom 2015 Fund	Mutual Fund	**	124,471
*	Fidelity Small Cap Value Fund	Mutual Fund	**	123,549
*	Fidelity Freedom 2040 Fund	Mutual Fund	**	117,567
*	Fidelity Spartan Total Market Index Fund	Mutual Fund	**	114,465
*	Fidelity Freedom 2025 Fund	Mutual Fund	**	82,252
*	Fidelity Contrafund	Mutual Fund	**	60,259
*	Fidelity Overseas Fund	Mutual Fund	**	45,198
*	Fidelity Mid-Cap Stock Fund	Mutual Fund	**	36,621
*	Fidelity Dividend Growth Fund	Mutual Fund	**	32,717
*	Fidelity Intermediate Bond Fund	Mutual Fund	**	27,008
*	Fidelity Small Cap Discovery Fund	Mutual Fund	**	24,975
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**	21,556
*	Fidelity Freedom 2045 Fund	Mutual Fund	**	21,432
*	Fidelity Diversified International Fund	Mutual Fund	**	21,250
*	Fidelity Fifty	Mutual Fund	**	20,970
*	Fidelity Growth Company Fund	Mutual Fund	**	19,133
*	Fidelity Freedom Income Fund	Mutual Fund	**	18,961
*	Fidelity Freedom 2005 Fund	Mutual Fund	**	13,904
*	Fidelity Freedom 2035 Fund	Mutual Fund	**	13,672
*	Fidelity Freedom 2050 Fund	Mutual Fund	**	11,877
*	Fidelity Large Cap Stock Fund	Mutual Fund	**	9,424
*	Fidelity Value Fund	Mutual Fund	**	8,747
*	Fidelity Equity-Income Fund	Mutual Fund	**	4,750
*	Fidelity Value Strategies Fund	Mutual Fund	**	2,412
*	Fidelity Investment Grade Bond Fund	Mutual Fund	**	1,706
*	Fidelity Equity-Income II Fund	Mutual Fund	**	1,693
*	Fidelity Growth Strategies Fund	Mutual Fund	**	1,565
*	Fidelity Short-Term Bond Fund	Mutual Fund	**	903
				$ 2,833,378
*	Notes receivable from participants	Interest Rates 4.50% - 8.25% Maturity Dates through December, 2014		**$ 6,911**

* Represents a party-in-interest.
** Cost information omitted for participant directed investments.

mullinax Ford

1551 E Semoran Blvd
Apopka, FL 32703
407-889-7600
www.mullinaxford.com

Required Statement of Explanation for Termination

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2011 Form 5500, Annual Return/Report of Employee Benefit Plan, for the Mullinax Ford Employees 401(k) Retirement Plan.

This Form 5500 is identified in line 2b by the nine-digit EIN - 59-3619944, and in line 1b by the three-digit PN 001.

Services were terminated due to:
correcting auditor's name and EIN

Signed (by Plan Administrator)

10/15/2013
Date

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and the 3-digit plan number of the plan and submitted to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.,
Washington, DC 20210

MULLINAX FORD EMPLOYEES 401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010



MULLINAX FORD EMPLOYEES 401 (K) RETIREMENT PLAN

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MBAF
MORRISON BROWN ARGIZ & FARRA, LLC
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Administrator and Trustee
Mullinax Ford Employees 401(k) Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of Mullinax Ford Employees 401(k) Retirement Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental 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 Fidelity Management 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 December 31, 2011 and 2010, 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 supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental 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.

Morrison, Brown, Argiz & Farra

Orlando, Florida
October 11, 2012

MULLINAX FORD EMPLOYEES 401 (K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31,

	2011	2010
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Mutual funds	$ 1,989,945	$ 2,099,922
Money market fund	1,088,578	733,456
TOTAL INVESTMENTS	3,078,523	2,833,378
RECEIVABLES		
Notes receivable from participants	10,931	6,911
TOTAL ASSETS AND NET ASSETS AVAILABLE FOR BENEFITS	**$ 3,089,454**	**$ 2,840,289**

The accompanying notes are an integral part of these financial statements.

MULLINAX FORD EMPLOYEES 401 (K) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31,

	2011	2010
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment (loss) income		
Net (depreciation) appreciation in fair value of investments	$ (80,980)	$ 187,728
Dividends and interest	58,202	37,993
TOTAL INVESTMENT (LOSS) INCOME	(22,778)	225,721
Interest income on notes receivables from participants	300	758
CONTRIBUTIONS		
Participant	361,023	278,641
Employer	61,314	43,585
Rollover	-	86,462
TOTAL CONTRIBUTIONS	422,337	408,688
TOTAL ADDITIONS	399,859	635,167
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	141,577	355,404
Administrative expenses	9,117	8,613
TOTAL DEDUCTIONS	150,694	364,017
NET INCREASE	249,165	271,150
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	2,840,289	2,569,139
END OF YEAR	**$ 3,089,454**	**$ 2,840,289**

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF PLAN

The following description of the Mullinax Ford Employees 401(k) Retirement Plan (the "Plan") provides only general information. Reference to the Plan document should be made for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all full time employees of Mullinax Ford (the "Company"), as defined in the Plan document.

Employees become eligible to participate in the Plan upon attaining age 21 and completing one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The effective date of the original Plan was May 1, 1996. Effective June 4, 2009, the Plan adopted a prototype plan developed by Fidelity Management Trust Company ("Fidelity").

Contributions

Contributions to the Plan are made by the participants and the Company. Participants may elect to defer up to 75 percent of their annual compensation, subject to Internal Revenue Service ("IRS") limitations. Additionally, participants may rollover or transfer to the Plan any portion or all of the property received from another qualified employee benefit trust (rollover contribution).

In addition, the Plan contains a provision for the Company to match 30 percent of the participant's deferrals to a maximum of a 4 percent deferral of eligible compensation. The Company may make additional contributions at the discretion of Company management.

Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of the Company's contribution and the Plan's earnings. Allocations of earnings are based on participants' account balances, as defined. The Company's matching contributions are allocated proportionately to participant elective contributions for all eligible participants throughout the year. Additional discretionary contributions from the Company are allocated as a percentage of compensation of eligible participants for the plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

All participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of participants' accounts, plus actual earnings thereon, is based on years of service in accordance with the following:

Years Vested of Service	Percentage
0 But Less Than 1	0%
1 But Less Than 2	20%
2 But Less Than 3	40%
3 But Less Than 4	60%
4 But Less Than 5	80%
5 or More	100%

1. DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits

Upon termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or defer distribution until the year following the year in which the participant reaches 70 ½ years of age. A hardship withdrawal may also be taken to satisfy an immediate and heavy financial need that cannot be satisfied from other financial resources. Hardship withdrawals may be taken for reasons as defined in the Plan document.

Forfeitures of nonvested amounts are used to reduce the contributions of the Company. At December 31, 2011 and 2010, forfeiture nonvested amounts totaled approximately $1,000 and $2,000, respectively.

Notes receivable from participants

A participant may borrow from the Plan an aggregate amount not to exceed the lesser of: (a) $50,000 or (b) 50% of the participant's vested account balance. Interest on notes receivable from participants is based on comparable market rates.

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions into any of several investment options. Participants may change their investment options at their discretion.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

Valuation of Investments 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 7 for 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the years.

Investment Management Fees and Operating Expenses

Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned and are reflected as a component of net appreciation (depreciation) in fair value of investments.

Tax Status

The Plan adopted its latest Volume Submitter 401(k) Profit Sharing Plan with a cash or deferral arrangement developed by Fidelity Management and Research Company, which obtained a favorable Internal Revenue Service ("IRS") determination letter on March 31, 2008, in which the IRS stated that the form of the underlying volume submitter plan was acceptable under provisions of the Internal Revenue Code ("Code") and that any employer adopting this form of the plan will be considered to have a plan qualified under the Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Tax Status (continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Administrative Expenses

The Plan agreement allows for all administrative expenses to be paid by either the Company or the Plan. For the years ended December 31, 2011 and 2010, these expenses were paid by the Plan. Audit fees are paid directly by the Company.

Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2012, which is the date the financial statements were available to be issued.

3. INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets at December 31:

	2011	2010
Fidelity Money Market Trust Retirement Money Market Portfolio	$ 1,088,578	$ 733,456
Fidelity Freedom 2010 Fund	475,337	460,710
Fidelity Freedom 2030 Fund	182,961	171,329
Fidelity Freedom 2015 Fund	177,288	**
Fidelity Freedom 2020 Fund	*	174,924
Fidelity Real Estate Investment Portfolio	*	167,372
Fidelity OTC Portfolio	*	142,550

* Investment does not represent 5 percent or more of the Plan's net assets at December 31, 2011.
** Investment does not represent 5 percent or more of the Plan's net assets at December 31, 2010.

The Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by $(80,980) and $187,728 during 2011 and 2010, respectively.

The Plan uses the Net Asset Value to determine the fair value of all the underlying investments that (a) do not have a readily determinable fair value and (b) prepare their financial statements consistent with measurement principles of an investment company or have the attributes of an investment company. The following table lists such an investment:

3. INVESTMENTS (CONTINUED)

	Fair value as of 12/31/2011	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Money Market Trust				
Retirement Money Market Portfolio (a)	$ 1,088,578	$ -	None	NA

	Fair value as of 12/31/2010	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Money Market Trust				
Retirement Money Market Portfolio (a)	$ 733,456	$ -	None	NA

Investment strategy
(a) -The objective is to invest in U.S. dollar-denominated money market securities of domestic and foreign issuers and repurchase agreements.

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 would become 100 percent vested in the Company contribution portion of their account.

5. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of contributions per the financial statements to Form 5500:

	2011	2010
Contributions per the financial statements	$ 422,337	$ 408,688
Plus prior year contributions receivable	-	18,066
Contributions per Form 5500	**$ 422,337**	**$ 426,754**

6. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan, Fidelity, has certified that the following data included in the accompanying 2011 and 2010 financial statements and supplemental schedules is complete and accurate.

	2011	2010
Investments, at fair value:		
Mutual funds	$ 1,989,945	$ 2,099,922
Money market fund	1,088,578	733,456
Notes receivable from participants	10,931	6,911
Total	**$ 3,089,454**	**$ 2,840,289**

6. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE (CONTINUED)

	2011	2010
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	$ (80,980)	$ 187,728
Dividends and interest	58,202	37,993
Total investment (loss) income	**$ (22,778)**	**$ 225,721**
Interest income on notes receivables from participants	**$ 300**	**$ 758**

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

7. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC"), *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2 Inputs to the valuation methodology include:
  - quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

Money market portfolio: Valued at the NAV of shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

7. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

		Fair Value Measurements at Reporting Date Using:		
Description	**Fair Value 12/31/2011**	**Quoted Prices In Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
Money market fund	$ 1,088,578	$ -	$ 1,088,578	$ -
Mutual funds:				
Blended funds	1,247,224	1,247,224	-	-
Domestic equity	535,904	535,904	-	-
Foreign equity	55,725	55,725	-	-
Fixed income/bonds	6,831	6,831	-	-
Other	144,261	144,261	-	-
Total mutual funds	1,989,945	1,989,945	-	-
Total assets at fair value	**$ 3,078,523**	**$ 1,989,945**	**$ 1,088,578**	**$ -**

		Fair Value Measurements at Reporting Date Using:		
Description	**Fair Value 12/31/2010**	**Quoted Prices In Active Markets for Identical Assets (Level 1)**	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**
Money market fund	$ 733,456	$ -	$ 733,456	$ -
Mutual funds:				
Blended funds	1,211,097	1,211,097	-	-
Domestic equity	691,554	691,554	-	-
Foreign equity	66,448	66,448	-	-
Fixed income/bonds	29,618	29,618	-	-
Other	101,205	101,205	-	-
Total mutual funds	2,099,922	2,099,922	-	-
Total assets at fair value	**$ 2,833,378**	**$ 2,099,922**	**$ 733,456**	**$ -**

8. 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 Statements of Net Assets Available for Benefits.

9. TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan invests in a money market fund and various mutual funds managed by Fidelity. Fidelity was the trustee of the Plan during the years ended December 31, 2011 and 2010, and therefore, these transactions qualify as party-in-interest transactions.

SUPPLEMENTAL SCHEDULES

MULLINAX FORD EMPLOYEES 401 (K) RETIREMENT PLAN

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011
PLAN NUMBER 001
EIN 59-3619944

(a)	(b) Identity of Issuer, 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
*	Fidelity Money Market Trust Retirement Money Market Portfolio	Money Market Fund	**	$ 1,088,578
*	Fidelity Freedom 2010 Fund	Mutual Fund	**	475,337
*	Fidelity Freedom 2030 Fund	Mutual Fund	**	182,961
*	Fidelity Freedom 2015 Fund	Mutual Fund	**	177,288
*	Fidelity Freedom 2020 Fund	Mutual Fund	**	143,596
*	Spartan Total Market Index Fund	Mutual Fund	**	124,961
*	Fidelity OTC Portfolio	Mutual Fund	**	101,677
*	Fidelity Freedom 2025	Mutual Fund	**	89,430
*	Fidelity Real Estate Investment Portfolio	Mutual Fund	**	82,749
*	Fidelity Small Cap Discovery	Mutual Fund	**	59,612
*	Fidelity Freedom 2040	Mutual Fund	**	59,071
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**	58,015
*	Fidelity Contrafund	Mutual Fund	**	48,440
*	Fidelity Small Cap Value Fund	Mutual Fund	**	45,668
*	Fidelity Mid-Cap Stock Fund	Mutual Fund	**	39,797
*	Fidelity Freedom 2035	Mutual Fund	**	34,331
*	Fidelity Dividend Growth Fund	Mutual Fund	**	32,235
*	Fidelity Diversified International Fund	Mutual Fund	**	31,861
*	Fidelity Growth Company Fund	Mutual Fund	**	26,190
*	Fidelity Fifty	Mutual Fund	**	25,909
*	Fidelity Freedom 2050	Mutual Fund	**	24,187
*	Fidelity Overseas Fund	Mutual Fund	**	23,864
*	Fidelity Freedom 2045	Mutual Fund	**	20,388
*	Fidelity Freedom 2005	Mutual Fund	**	20,281
*	Fidelity Freedom Income Fund	Mutual Fund	**	20,007
*	Fidelity Large Cap Stock Fund	Mutual Fund	**	9,733
*	Fidelity Value Fund	Mutual Fund	**	8,311
*	Fidelity Investment Grade Bond Fund	Mutual Fund	**	5,481
*	Spartan Extended Market Index Fund	Mutual Fund	**	4,685
*	Fidelity Puritan Fund	Mutual Fund	**	4,478
*	Fidelity Value Strategies Fund	Mutual Fund	**	3,996
*	Fidelity Equity-Income II Fund	Mutual Fund	**	1,702
*	Fidelity Growth Strategies Fund	Mutual Fund	**	1,425
*	Fidelity Short-Term Bond Fund	Mutual Fund	**	1,020
*	Fidelity Equity-Income Fund	Mutual Fund	**	583
*	Fidelity Freedom 2000 Fund	Mutual Fund	**	347
*	Fidelity Intermediate Bond Fund	Mutual Fund	**	329
		TOTAL		**$ 3,078,523**
*	Notes receivable from participants	Interest Rates 4.50% - 8.25% Maturity Dates through December, 2022		**$ 10,931**

* Represents a party-in-interest.
** Cost information omitted for participant directed investments.

MULLINAX FORD EMPLOYEES 401 (K) RETIREMENT PLAN

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010
PLAN NUMBER 001
EIN 59-3619944

(a)	(b) Identity of Issuer, 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
*	Fidelity Money Market Trust Retirement Money Market Portfolio	Money Market Fund	**	$ 733,456
*	Fidelity Freedom 2010 Fund	Mutual Fund	**	460,710
*	Fidelity Freedom 2020 Fund	Mutual Fund	**	174,924
*	Fidelity Freedom 2030 Fund	Mutual Fund	**	171,329
*	Fidelity Real Estate Investment Portfolio	Mutual Fund	**	167,372
*	Fidelity OTC Portfolio	Mutual Fund	**	142,550
*	Fidelity Freedom 2015 Fund	Mutual Fund	**	124,471
*	Fidelity Small Cap Value Fund	Mutual Fund	**	123,549
*	Fidelity Freedom 2040 Fund	Mutual Fund	**	117,567
*	Fidelity Spartan Total Market Index Fund	Mutual Fund	**	114,465
*	Fidelity Freedom 2025 Fund	Mutual Fund	**	82,252
*	Fidelity Contrafund	Mutual Fund	**	60,259
*	Fidelity Overseas Fund	Mutual Fund	**	45,198
*	Fidelity Mid-Cap Stock Fund	Mutual Fund	**	36,621
*	Fidelity Dividend Growth Fund	Mutual Fund	**	32,717
*	Fidelity Intermediate Bond Fund	Mutual Fund	**	27,008
*	Fidelity Small Cap Discovery Fund	Mutual Fund	**	24,975
*	Fidelity Blue Chip Growth Fund	Mutual Fund	**	21,556
*	Fidelity Freedom 2045 Fund	Mutual Fund	**	21,432
*	Fidelity Diversified International Fund	Mutual Fund	**	21,250
*	Fidelity Fifty	Mutual Fund	**	20,970
*	Fidelity Growth Company Fund	Mutual Fund	**	19,133
*	Fidelity Freedom Income Fund	Mutual Fund	**	18,961
*	Fidelity Freedom 2005 Fund	Mutual Fund	**	13,904
*	Fidelity Freedom 2035 Fund	Mutual Fund	**	13,672
*	Fidelity Freedom 2050 Fund	Mutual Fund	**	11,877
*	Fidelity Large Cap Stock Fund	Mutual Fund	**	9,424
*	Fidelity Value Fund	Mutual Fund	**	8,747
*	Fidelity Equity-Income Fund	Mutual Fund	**	4,750
*	Fidelity Value Strategies Fund	Mutual Fund	**	2,412
*	Fidelity Investment Grade Bond Fund	Mutual Fund	**	1,706
*	Fidelity Equity-Income II Fund	Mutual Fund	**	1,693
*	Fidelity Growth Strategies Fund	Mutual Fund	**	1,565
*	Fidelity Short-Term Bond Fund	Mutual Fund	**	903
				$ 2,833,378
*	Notes receivable from participants	Interest Rates 4.50% - 8.25% Maturity Dates through December, 2014		**$ 6,911**

* Represents a party-in-interest.
** Cost information omitted for participant directed investments.