## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.		, post
Part I	Annual Report	<b>Identification Information</b>					
For calend	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending 1	2/31/2	2012	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	oant plan
<b>B</b> This ref	turn/report is:	the first return/report	the final return/repor				
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter descr	iption)				
Part II	Basic Plan Info	rmation—enter all requested inf	ormation				
1a Name	•				1b	Three-digit	
	ORIDA 401(K) PLAN					plan number	
						(PN)	001
					1c	Effective date o	•
0- 5	<del> </del>				01	01/01	
FLS OF FLC	ponsor's name and ad ORIDA, INC.	dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 59-34	fication Number 13456
					2c	Sponsor's telep	hone number
	65A, SUITE B					352-24	1-4144
GROVELAN	ID, FL 34736				2d	Business code (	(see instructions)
<b>3a</b> Plan a	dministrator's name ar	nd address XSame as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	_
			ы	•			
					3с	Administrator's	telephone number
4 If the i	name and/or FINI of the	a plan anangar has abangad sinas t	the last return/report filed	for this plan, anter the	4h	FINI	
		e plan sponsor has changed since to mber from the last return/report.	ine iasi retum/report illeu	ior triis piari, eriter trie	40	EIN	
	or's name				4c	PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		20
<b>b</b> Total	number of participants	at the end of the plan year			5b		22
		account balances as of the end of t					
			. , ,	•	5c		13
<b>6a</b> Were	all of the plan's assets	s during the plan year invested in e	ligible assets? (See instru	ictions.)			X Yes No
<b>b</b> Are yo	ou claiming a waiver of	the annual examination and repor	t of an independent qualif	ied public accountant (IQ	PA)		
		? (See instructions on waiver eligib					X Yes No
lf you	ı answered "No" to ei	ther line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.	
		or incomplete filing of this return					
		her penalties set forth in the instruc					
	true, correct, and comp	nd signed by an enrolled actuary, a olete.	s well as the electronic ve	ersion or this return/report	, and	to the best of my	knowledge and
•			<u> </u>				
SIGN HERE	Filed with authorized/	valid electronic signature.	10/15/2013	WILLIAM D. TORRES			
IILIKL	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ıning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan sponsor
Preparer's	name (including firm n	ame, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2** 

Da	ut III Financial Information										
Pa	rt III   Financial Information				1						
	Plan Assets and Liabilities		(a) Beginning of Yea			(b) End of Year					
<u>a</u>	Total plan assets	7a	11745						16049		
-	Total plan liabilities	7b	11							0	
	Net plan assets (subtract line 7b from line 7a)	7c	11733	2	1604			16049	9		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	) Tota	<u> </u>		
а	Contributions received or receivable from:  (1) Employers	8a(1)	1242	1							
	(2) Participants	8a(2)	1801								
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	1521								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1021	<u> </u>					1561	0	
	Benefits paid (including direct rollovers and insurance premiums	00							4564	9	
	to provide benefits)	8d	65	6							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f	182	6							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							248	32	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							4316	67	
j	Transfers to (from) the plan (see instructions)	8j		0							
Pa	rt IV Plan Characteristics	_ <u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ructior	ns:		
b	2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	ne instru	uctions	i:		
Par	t V   Compliance Questions						1				
10	During the plan year:				Yes	No		An	nount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a	X					17	7884
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					10	0000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х					
-	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See			Х					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		10h		X					
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10i		X					
Par				101							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
11.	Sooty dried miles in the second miles in the s										
12	Enter the amount from Schedule SB line 39										
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a	a 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 letter ruling										
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	granting the waiver									
,-	you completed line 14a, complete lines 3, 3, and 10 of 3cheans										
	Enter the minimum required contribution for this plan year	•				12b					

	Form 5500-SF 2012 Page <b>3</b> - 1			
	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	RESERVE COMPARING CORPORAGON	► Complete all entries in accorda	nce with the instru	ctions to the Form 550	0-SF.		*	
Part I		dentification Information	<del>.</del>					
i or calenc	lar plan year 2012 or fist		/01/2012	and ending		12/31/20.	12	
A This re	tum/report is for:	a single-employer plan a	ı multiple-employer p	dan (not multiemployer)		a one-partici	pant plan	
B This re	turn/report is:	the first return/report	ne final return/report					
		an amended return/report a	short plan year retui	m/report (less than 12 m	onths	)		
C Check	box if filing under:		☐ DFVC progra	ami				
		special extension (enter description)	·			- Hamilton		
Part II	Rasic Plan Infor	mation—enter all requested informati			<del></del>	<del> ,</del>	<del>- 1</del>	
1a Name		are a series of the series of	0,13	······································	1b	Three-digit		
	of Florida 401	(k) Plan		;		plan number		
in the	and the second second and the	<u> </u>	(PN) ▶	0.0	1			
					10	Effective date o		
One rate	and the comment of th			<del> </del>	1	01/01/200	<del></del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	ponsors name and add of Florida, In	ess; include room or sulte number (em	ployer, if for a single	-employer plan)	25	Employer Identi	and the first terms of the second	iber
ETTO	or trained, in	⇔ w		,		(EIN) 59-341		ost
		•		,	26	Sponsor's telep (352) 241-		er er
1537	0 CR 565A, Sui	te B			24	Business code		one)
Green	eland		PI.	34736		811310	see nemuca	in i
		address XSame as Plan Sponsor Nar			3b	Administrator's	IN .	
	The second secon		k					
					3с	Administrator's	elephone ni	mber
	•				-			
4 If the	name and/or FIN of the I	nian sponsor has changed since the las	t return/report filed f	or this plan, enter the	AL	EIŃ	-	<del></del>
		per from the last return/report.	erammepor med i	a one-pair, cears us:	413	EIN		<del></del>
a Spons	or's name				4c	PN		
5a Total	number of participants a	the beginning of the plan year		معميني بهوي وفرقت المتعادية والمتعادية والمتعادية والمتعادية	5a			20
b Total	number of participants a	t the end of the plan year	؞؞؞؞؞؞؞ ؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞	ر ميد و چېد ښاند څېو څه د خاند خاند خاند خاند مه د د د ماند د د د د د د د د د د د د د د د د د د	5b			22
c Numb	er of participants with ac	count balances as of the end of the pla	n year (defined bene	elit plans do not				
comp	lete this item)				5c		gring.	13
6a Were	all of the plan's assets o	luring the plan year invested in eligible	assets? (See instruc	tions.)	وسينجوب	*******	X Yes	No
		ne annual examination and report of an			PA)		X Yes	
		See instructions on waiver eligibility an er line 6a or line 6b, the plan cannot			Com	SEAN	e res	LINU
		incomplete filling of this return/repor	** * * * * * * * * * * * * * * * * * * *					
		r penalties set forth in the instructions,			100		bla a Coba	dala
		signed by an enrolled actuary, as well						
belief, it is	true, correct, and comple	te		·		*	****	
SIGN	1/1/1/1/2/		T .	William D. Tor	نور در اور اخ دا دو			
HERE	<i></i>							· · · · · · · · · · · · · · · · · · ·
	Signature of plan add	ministrator	Date 10H 13	Enter name of individu	Jai sig	ming as plan adn	ninistrator	
SIGN								
HERE	Signature of employe		Date	Enter name of Individu				
Preparer's	name (including firm nar	ne, if applicable) and address; include r	oom or suite numbe	r (optional)	Prep	arer's telephone	number (op	tional)
	1	•						
				Secure				
				Ī		in a large and the large and the large		क्ला है कि होते
							\$ 7 5	
Enr Dance	ork Raduction A at Mati-	and OMS Control Numbers, see the instru	rione in East Econ	SE.			om 5500-Sf	(2042)
· · · · · · · · · · · · · · · · · · ·	+x	waters are considered, and the side sides in	minimum sink a filklish inggen.					favor 3 mil

Pa	rt III   Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Ye			
а	Total plan assets	7a	1.1	7,45	0			160,499		
b	Total plan liabilities	7b		11				0		
С	Net plan assets (subtract line 7b from line 7a)	7c	11'	7,33	2			160,499		
8	Income, Expenses, and Transfers for this Plan Year	:	(a) Amount			···········	(b) Total	etrikiningan angananan asawa asawa asawa asawa asawa asawa shi		
а	Contributions received or receivable from: (1) Employers	1 2 4 2 1 3 2 4 2 1 3 2 4 2 1 1				<u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>				
	(2) Participants	8a(2)	1	8,01	.5					
	(3) Others (including rollovers).	8a(3)			0					
b	Other income (loss)	8b	1.	5,21	.3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8 <b>c</b>						45,649		
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		65	6					
е_	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		1,82						
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					****	2,482		
i	Net income (loss) (subtract line 8h from line 8c)	8i						43,167		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			0		igik i			
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Chan	acteris	stic Co	odes in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	the instructions:			
Parl	Compliance Questions									
10	During the plan year:				Yes	No	Amo	unt		
a		tions withi	n the time period described in	10a	×		17,88			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х				
С				10c	х			10,000		
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			Х		A STATE OF THE STA		
	or dishonesty?			10d			:			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bend	efits under the plan? (See	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				
q				10g		Х		<del></del>		
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	uctions and 29 CFR	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10ii		x				
Part	exceptions to providing the notice applied under 29 CFR 2520.10°  VI Pension Funding Compliance	1-3								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form	Yes X No		
11a	Enter the amount from Schedule SB line 39					11a				
12								Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							of The same of the		
а	a 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 letter ruling granting the waiver									
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
b	Enter the minimum required contribution for this plan year					12b	<u></u>			

Form 5500-SF 2012	A A A A A A A A A A A A A A A A A A A	Page 3 -	_						
C. Enter the emount contributed by the	employer to the plan for this plan year		12c	*****					
d Subtract the amount in line 12c from	the amount in line 12b. Enter the result	enter a minus sign to the left of a	12d						
e Will the minimum funding amount rep	oorted on line 12d be met by the funding	deadline?		Yes	No N/A				
Part VII Plan Terminations and	Transfers of Assets								
13a Has a resolution to terminate the plan b	een adopted in any plan year?		Y	es X No					
If "Yes," enter the amount of any plan	assets that reverted to the employer th	is year	13a						
	participants or beneficiaries, transferre		ie control		Yes X No				
C If during this plan year, any assets o which assets or liabilities were transf	liabilities were transferred from this planerred. (See instructions.)	n to another plan(s), identify the plan(	s) to						
13c(1) Name of plan(s):			13c(2) Ell	V(s)	<b>13c(3)</b> PN(s)				
					<u> </u>				
Part VIII Trust Information (option	onal)								
14a Name of trust					14b Trust's EIN				
	•								

.