

**United States Bankruptcy Court
Middle District of Alabama**

In re The Money Tree of Florida, Inc.
Debtor

Case No. 11-12257

Chapter 11 Case

MONTHLY OPERATING REPORT (NON-SMALL BUSINESS ENTITY)

Month: February

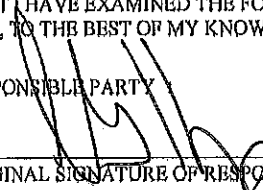
Date Filed: 4-22-13

Line of Business: Consumer Finance

NAICS Code: 522291

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY


ORIGINAL SIGNATURE OF RESPONSIBLE PARTY

S. Gregory Hays - Chapter 11 Trustee

PRINTED NAME OF RESPONSIBLE PARTY

QUESTIONNAIRE: (All questions to be answered on behalf of the debtor.)

	YES		NO
1. IS THE BUSINESS STILL OPERATING ?	<input type="checkbox"/>		<input checked="" type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input type="checkbox"/>	n/a	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	n/a	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS IN TO THE DIP ACCOUNT THIS MONTH?	<input type="checkbox"/>	n/a	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input type="checkbox"/>	n/a	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>		<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input type="checkbox"/>	n/a	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input type="checkbox"/>		<input checked="" type="checkbox"/>
9. ARE YOU CURRENT ON YOUR CHAPTER 11 QUARTERLY FEE PAYMENT ?	<input checked="" type="checkbox"/>		<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONAL THIS MONTH?	<input type="checkbox"/>		<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>		<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>		<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT(S)?	<input type="checkbox"/>	n/a	<input type="checkbox"/>

- 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?
- 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?
- 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?
- 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?
- 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?

TAXES (Exhibit A)

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

INCOME (Exhibit B)

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS.

TOTAL INCOME \$0.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$0.00
 Cash on Hand at end of Month \$0.00

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU. **TOTAL** \$0.00

EXPENSES (Exhibit C)

PLEASE SEPARATELY LIST ALL EXPENSES PAID FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT.

TOTAL EXPENSES \$0.00

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) \$0.00
 EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) \$0.00
 (Subtract Line C from Line B) **CASH PROFIT FOR THE MONTH** \$0.00

UNPAID BILLS (Exhibit D)

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

TOTAL PAYABLES \$0.00

MONEY OWED TO YOU (Exhibit E)

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

TOTAL RECEIVABLES \$8,250.00

BANKING INFORMATION (Exhibit F)

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	<u>4</u>
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	<u>0</u>

PROFESSIONAL FEES

BANKRUPTCY RELATED

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$0.00

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$0.00

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES PAID NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$0.00

TOTAL PROFESSIONAL FEES PAID NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$0.00

ADDITIONAL INFORMATION

PLEASE ATTACH THE BANKRUPTCY ADMINISTRATOR'S BALANCE SHEET, MONTHLY SALARY PAYMENTS TO OWNER(S) SCHEDULE (IF APPLICABLE) AND THE MONTHLY RENTAL INCOME WORKSHEET (IF APPLICABLE). ALSO ATTACH ANY FINANCIAL REPORTS (INCOME STATEMENT, STATEMENT OF CASH FLOWS, AND STATEMENT OF SHAREHOLDERS/PARTNER'S EQUITY) WHICH YOU PREPARE INTERNALLY.

Print Form

Reset Form

Additional Information - Ch 11 Monthly Operating Report

form revised 10 18 2011

The Money Tree of Florida, Inc. Case # 11-12257

BALANCE SHEET

For the period ending: 02/26/13

ASSETS

1. Cash			
Pre-petition bank accounts		\$0.00	
DIP General/business account		\$0.00	
DIP Payroll account		\$0.00	
DIP Tax account		\$0.00	
Other (Including Cash on Hand)		\$0.00	
Sub-total Cash			\$0.00
2. Securities			\$0.00
3. Accounts Receivable			
Pre-petition		\$0.00	
Post-petition:			
Customer finance receivables, net		\$0.00	
Other receivables		\$8,250.00	
Sub-total Accounts Receivable			\$8,250.00
4. Office Supplies and Equipment			\$0.00
5. Inventory (Fair Market Value)			\$0.00
6. Other Current Assets (rent/utility deposits)			\$0.00
7. Prepaid Insurance			\$0.00
8. Long Term Assets (Including real property, heavy equipment, vehicles, etc.)			\$0.00
9. TOTAL ASSETS			\$8,250.00

LIABILITIES

(include both pre- and post-petition debts)

1. Accounts Payable			
Pre-petition		\$19,999.00	
Post-petition		\$0.00	
Sub-total Accounts Payable			\$19,999.00
2. Short Term Notes Payable			
Pre-petition		\$0.00	
Post-petition		\$0.00	
Sub-total Short Term Notes Payable			\$0.00
3. Long Term Notes Payable			
Pre-petition		\$0.00	
Post-petition		\$0.00	
Sub-total Long Term Notes Payable			\$0.00
4. Taxes Payable			
Pre-petition		\$0.00	
Post-petition		\$0.00	
Sub-total Taxes Payable			\$0.00
5. Other Liabilities			\$0.00
Intercompany debt to Parent Co.			\$3,101,569.00
6. TOTAL LIABILITIES			\$3,121,569.00
EQUITY (Total Assets Less Total Liabilities)			(\$3,113,318.00)
7. TOTAL LIABILITIES & EQUITY			\$8,250.00

Additional Information

Balance Sheet/AP Pymts/
Salary Schedule/Rent Roll

STATEMENT OF PAYMENTS MADE TO LESSORS

1	Payee: <u>NONE</u>	Amount paid this period: _____	Check #: _____
Y N	Amount included in Expenses	_____	
Y N	Adequate protection payment	_____	
	Stated adequate protection payment amount	_____	
2	Payee: _____	Amount paid this period: _____	Check #: _____
Y N	Amount included in Expenses	_____	
Y N	Adequate protection payment	_____	
	Stated adequate protection payment amount	_____	
3	Payee: _____	Amount paid this period: _____	Check #: _____
Y N	Amount included in Expenses	_____	
Y N	Adequate protection payment	_____	
	Stated adequate protection payment amount	_____	
4	Payee: _____	Amount paid this period: _____	Check #: _____
Y N	Amount included in Expenses	_____	
Y N	Adequate protection payment	_____	
	Stated adequate protection payment amount	_____	
5	Payee: _____	Amount paid this period: _____	Check #: _____
Y N	Amount included in Expenses	_____	
Y N	Adequate protection payment	_____	
	Stated adequate protection payment amount	_____	
6	Payee: _____	Amount paid this period: _____	Check #: _____
Y N	Amount included in Expenses	_____	
Y N	Adequate protection payment	_____	
	Stated adequate protection payment amount	_____	
7	Payee: _____	Amount paid this period: _____	Check #: _____
Y N	Amount included in Expenses	_____	
Y N	Adequate protection payment	_____	
	Stated adequate protection payment amount	_____	
8	Payee: _____	Amount paid this period: _____	Check #: _____
Y N	Amount included in Expenses	_____	
Y N	Adequate protection payment	_____	
	Stated adequate protection payment amount	_____	

TOTAL PAYMENTS MADE TO SECURED CREDITORS AND LESSORS \$0.00

Additional Information

Balance Sheet/AP Pymts/
Salary Schedule/Rent Roll

Monthly Salary Payment to Owner(s)

Debtor(s)	Stated Amount	Amount Paid	Transaction Number	Amount Past Due
NONE				
TOTAL				

Monthly Rental Income Worksheet

for the month ending _____

Property Description	Written Contract*	Contract Expiration Date	Contracted Monthly Rental Payment	Rental Amount Past Due	Rental Amount Received this Month	Mortgage Amount Paid by Debtor(s) **
NONE						
Monthly Totals						

* (N) No Contract, (L) Lease or (DF) Debtor Financed under a Rent to Own, Bond for Title or similar contract
 ** Per Order for Adequate Protection or Use of Cash Collateral

Additional Information

Balance Sheet/AP Pymts/
Salary Schedule/Rent Roll

EXHIBIT A

TAXES

IF ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS EXIST, ATTACH A WRITTEN EXPLANATION, INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF FUNDS FOR THE PAYMENTS (S).

The Money Tree of Florida, Inc.
Case # 11-12257

NONE

EXHIBIT B

SUMMARY OF CASH ON HAND

ATTACH A LIST OF ALL INCOME RECEIVED FOR THE REPORTING PERIOD FROM CASH AND CREDIT TRANSACTIONS.

The U.S. Bankruptcy Administrator (MDAL) will not waive this requirement.

The Money Tree of Florida, Inc.
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Total Cash at 1/25/13	-
Total Cash at 2/25/13	-
Change	-
Inflows from loan repayments	-
Outflows for new loans	-
Net inflow (outflow) from lending	-
Other inflows	-
Outflow for expenses	-
Other outflows	-
Net cash profit	-

EXHIBIT C

EXPENSES

ATTACH A LIST OF ALL EXPENSES PAID FROM THE DEBTOR'S BANK ACCOUNTS FOR THE REPORTING PERIOD. INCLUDE THE DATE PAID, THE PAYEE, THE PURPOSE AND THE AMOUNT.

The U.S. Bankruptcy Administrator (MDAL) will not waive this requirement.

THE MONEY TREE OF FLORIDA, INC.
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Check Nbr	Check Type	Check Date	Vendor ID Vendor Name	Period	Ref Nbr	Doc Type	Invoice Number	Invoice Date	Amount Paid
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NONE

EXHIBIT D

UNPAID BILLS

ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) INCURRED SINCE THE BANKRUPTCY FILING DATE BUT HAVE NOT BEEN PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, THE NAME OF THE CREDITOR, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

The U.S. Bankruptcy Administrator (MDAL) will not waive this requirement.

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<u>Date Incurred</u>	<u>Creditor</u>	<u>Amount</u>	<u>Purpose</u>	<u>Due</u>
NONE				

EXHIBIT E

MONEY OWED TO DEBTOR

ATTACH A LIST OF ALL AMOUNTS OWED TO THE DEBTOR BY CUSTOMERS FOR WORK COMPLETED OR MERCHANDISE SOLD. THE LIST MUST INCLUDE THE NAME OF THE CUSTOMER, THE AMOUNT OWED AND WHEN PAYMENT IS DUE.

The U.S. Bankruptcy Administrator (MDAL) will not waive this requirement.

The Money Tree of Florida, Inc.

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Customer Finance receivables, net (1)	-
Commissions on insurance products sold	8,250
Insurance claims	-
	<hr/>
	8,250

(1) net of unearned interest, fees, insurance commissions and the allowance for loan losses

Customer finance receivables, net (1)	-
Unearned insurance commissions	-
Allowance for loan losses	-
Accrued interest receivable	-
Customer finance receivables, gross	<hr/>

Aging of Customer finance receivables, gross

Total	Current	1 - 30 days	31 - 60 days	61 - 90 days	91 - 180 days	over 180 days
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EXHIBIT F

BANKING INFORMATION

When eFiling Exhibit F, please use the CM/ECF event:

Chapter 11 Exhibit F - Monthly Operating Report - Bank Statements (Private Entry)

ATTACH A COPY OF THE MOST RECENT BANK STATEMENT, INCLUDING CHECK IMAGES, FOR EVERY ACCOUNT THE DEBTOR HAS AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE REPORTING PERIOD.

The Money Tree of Florida, Inc.

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NONE