|   | •  |  |                |  |  |  |  |  |  |
|---|--|--|----------------|--|--|--|--|--|--|
| FORM 1 F FINAL STATEMENT OF 2005 FINANCIAL INTERESTS  |  |  |                |  |  |  |  |  |  |
| (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)   |  |  |                |  |  |  |  |  |  |
| LAST NAME - FIRSTNAME - MIDDL  ASFar Paul   | NAME OF REPORTING PERSON'S AGENCY  |  |                |  |  |  |  |  |  |
| MAILING ADDRESS: 125 SE 4310 Street   |  | CHECK OF THE FOLLOWING (see "Who Must File" on page 3):  LOCAL OFFICER STATE OFFICER |                |  |  |  |  |  |  |
| CITY: ZIP:<br>Cape Coral 3  | LIST OFFICE OR POSITION HELD: Cope Coral   |  |                |  |  |  |  |  |  |
|   | 3907 Lee   |  |                |  |  |  |  |  |  |
| DISCLOSURE PERIOD:  THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2005 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS  |  |  |                |  |  |  |  |  |  |
| COMPARATIVE (PERCE  | NTAGE) THRESHOLDS  | <u>or</u> Dol  | LAR VALUE THRE | SHOLDS   |  |  |  |  |  |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income SOURCE OF INCOME ADDRESSOURCE ADDRE |  | E'S DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY                          |                |  |  |  |  |  |  |
|   |  |  |                |  |  |  |  |  |  |
|   |  |  |                |  |  |  |  |  |  |
|   |  |  |                |  |  |  |  |  |  |
| PART B SECONDARY SOURCE  NAME OF BUSINESS ENTITY  | clients, and other sources of income to businesses owned by reporting person]  ADDRESS   PRINCIPAL BUSINESS OF SOURCE ACTIVITY OF SOURCE |  |                |  |  |  |  |  |  |
| Paul D. Arfour, Erg   | Airmork Air  | PO POK 3377<br>COPE COPER FL   |                | CONTIGUES  |  |  |  |  |  |
| 7-20, 0, 1, 100, , 2, 7   | CONDITIONING, INC.   | 77 2572, 72 3331   |                | 23.11.42.707   |  |  |  |  |  |
|   |  |  |                |  |  |  |  |  |  |
|   |  |  |                |  |  |  |  |  |  |
|   |  |  |                |  |  |  |  |  |  |
| PART C REAL PROPERTY [Land  | d, buildings owned by the reporting pe   | rson]  |                | TRUCTIONS for when file this form are locatom of page 2. |  |  |  |  |  |

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

OTHER FORMS you may need to file are described on page 6.

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES                                   |              |   |   |                                    |                                       |   |  |  |
|--|--------------|---|---|------------------------------------|---------------------------------------|---|--|--|
| Bank Account.  |              | Sunco   |   | _                                  |                                       | 2108 GODIT CININ  |  |  |
|  |              |   |   |                                    |                                       |   |  |  |
| <del></del>  |              |   |   |                                    | <del></del>                           | ·   |  |  |
|  |              |   |   | ·                                  |                                       |   |  |  |
|  | <i>t</i>     |   |   |                                    | · · · · · · · · · · · · · · · · · · · |   |  |  |
|  |              |   |   |                                    |                                       |   |  |  |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR  |              |   | ADDRESS OF CREDITOR   |                                    |                                       |   |  |  |
|  |              |   |   |                                    |                                       |   |  |  |
|  |              |   |   |                                    |                                       |   |  |  |
|  | <del> </del> |   |   |                                    |                                       |   |  |  |
|  | <del> </del> |   |   |                                    |                                       |   |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]   |              |   |   |                                    |                                       |   |  |  |
| PART F — INTERESTS IN SE   |              | NESSES (Ownership<br>SENTITY#1  | ·   | s in certain type:<br>SINESS ENTIT |                                       | sesj BUSINESS ENTITY # 3  |  |  |
| NAME OF<br>BUSINESS ENTITY   |              |   |   |                                    |                                       |   |  |  |
| ADDRESS OF<br>BUSINESS ENTITY  |              |   |   |                                    |                                       |   |  |  |
| PRINCIPAL BUSINESS<br>ACTIVITY   |              |   |   |                                    |                                       |   |  |  |
| POSITION HELD<br>WITH ENTITY   |              |   |   |                                    |                                       |   |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   |              |   | ····  |                                    |                                       |   |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   |              |   |   |                                    |                                       |   |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE   |              |   |   |                                    |                                       |   |  |  |
| SIGNATURE: DATE SIGNED:  |              |   |   |                                    |                                       |   |  |  |
| Paul D. Son 5-21-05  |              |   |   |                                    |                                       |   |  |  |
|  |              |   |   |                                    |                                       |   |  |  |
| FILING INSTRUCTIONS:   |              |   |   |                                    |                                       |   |  |  |
| After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you need not return any of the instruction pages). |              | Local officers: 6 Elections of the counently reside. (If you in Florida, file with the  | Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county |                                    |                                       | NOTE:  If you are leaving office or employment during the first half of 2005, you may not have filed Form 1 for 2004. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2004 by July 1 of 2005. |  |  |
| employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office  |              | State officers or specified state employees: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Sutie 201, Tallahassee, FL 32312. |   | of yo                              |                                       |   |  |  |
|  |              | falls under, see the "  | To determine what category your position falls under, see the "Who Must File" Instructions on page 3  |                                    |                                       |   |  |  |

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

PAGE 2

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