FORM 1	STATEM	IENT OF	2009/					
Please print or type your name, mailing address, agency name, and position below:		_ INTERESTS	, _					
	NAME: SENT-WILLIAM	FOR OF USE ON						
P.O. BOX 1971			I ID	Code				
Day Car	ZIP: COUNTY:		IDI					
NAME OF AGENCY: BOCAGRA-DEHTSTORE		30110		nf. Code Req. Code SNE Lee				
NAME OF OFFICE OR POSITION HELD O			VP. F	Req. Code				
You are not limited to the space on the lines of CHECK ONLY IF CANDIDATE OR	<u> </u>			高				
	DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):							
MANNER OF CALCULATING REPORTABLE THE LEGISLATURE ALLOWS FILERS THE REQUIRES FEWER CALCULATIONS, OR instructions for further details). PLEASE STA	LE INTERESTS: HE OPTION OF USING REPORT USING COMPARATIVE THRESH TATE BELOW WHETHER THIS STA	HOLDS, WHICH ARE USUALLY ATEMENT REFLECTS EITHER —	.RE ABS .Y BASE!	SOLUTE DOLLAR VALUES, WHICH ED ON PERCENTAGE VALUES (see				
COMPARATIVE (PERCENTAGE) TH			ALUE TH	HRESHOLDS				
- ,	OME [Major sources of income to the , you must write "none" or "n/a")							
NAME OF SOURCE OF INCOME	ADDF	IRCE'S DRESS	PF	ESCRIPTION OF THE SOURCE'S RINCIPAL BUSINESS ACTIVITY				
G (Govt Group Partners)	2846 SLIMER P	GUKGOT, FL 33707		RESONGEFACILITY				
APR INVESTMENT		33767	VC	in to:				
<u>.</u>								
	t , you must write "none" or "n/a"	") ·	busines					
BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE				
PLUCAUSACUTE, INC. Pur	MA WAY LAND HOUSE	Change Fr. 3392	4	PRACTSTOTE LEUSE				
		 		+				
PART C REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")			when	NG INSTRUCTIONS for and where to file this form occurred at the bottom of page 2.				
Supsc. 200 5154 St. Besch Blud Cordo 3120	beach Blud Gu Kg	·						
Blin Bland Cots PIIC 1	P.D. B 1971 BOCO &	mae \$ 33921	begin	on page 3.				
				ER FORMS you may need				

PART D INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]								
(If you have nothing to report, you must write "none" or "n/a")								
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES						
N/A								
<u> </u>								
		··· ·						
			-					
· · · · · · · · · · · · · · · · · · ·	<u> </u>			<u> </u>				
		<u></u>		No. 1 Carlo Day				
PART E - LIABILITIES [Major debt		24 . W D 11 . J . 1						
(If you have nothing to I		ite "none" or "n/a"						
NAME OF CREDITOR		ADDRESS OF CREDITOR						
NONE								
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]								
(If you have nothing to re	port, you must write	none" or "n/a")						
<u> </u>	BUSINESS	ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	P/A							
ADDRESS OF BUSINESS ENTITY	, —		· · · · · · · · · · · · · · · · · · ·					
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY								
I OWN MORE THAN A 5%		-						
INTEREST IN THE BUSINESS NATURE OF MY			<u> </u>					
OWNERSHIP INTEREST				<u></u>				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE								
SIGNATURE (required): WCeccles DATE SIGNED (required): (3) 10								
I WO	elclent	20 P		3 (33)(10				



WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

FILING INSTRUCTIONS:

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

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, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

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

WHEN TO FILE:

initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their posi-

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

		<u>Interest -</u>		
Address	Column3	Improvement	Column 1	<u>Column2</u>
5126-46 Gulfport Blvd	Gulfport, FL 33707	Office bldg		
5220 29th Ave S	Gulfport, FL 33707	Single family re	ental	
2424 Union St	St. Petersburg,FL	Apartment bldg	}	
2900 45th St S	Gulfport, FL 33707	Condo rental		
5121 Tängerine Ave	Gulfport, FL 33707	Single family, re	ental	
5325 13th Ave S	Gulfport, FL 33707	Single family re	ental	

<u>,</u>