## FORM 1 F

## FINAL STATEMENT OF FINANCIAL INTERESTS

2005

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

| LAST NAME — FIRST NAME — MIDDLE NAME:   | NAME OF REPORTING PERSON'S AGENCY:   |  |  |
|---|--|--|--|
| Colon (armon) E.  | Harlen Heights of  |  |  |
| MAILING ADDRESS:  | Neighborhood Jilrich   |  |  |
| 10680 Canal St  | CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3):                         |  |  |
|   | LOCAL OFFICER  STATE OFFICER   |  |  |
| FL MUDIC 1/ 22908/00  | SPECIFIED STATE EMPLOYEE   |  |  |
| CITY: ZIP: COUNTY:  | LIST OFFICE OR POSITION HELD: Member   |  |  |
| 2 3351111   |  |  |  |
|   |  |  |  |
| ***BOTH PARTS OF THIS SECT  | FION MUST BE COMPLETED***  |  |  |
| 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 $- h \sqrt{y}$   | 00 2 9 , 2005. (Date must be prior to 12/31/05)  |  |  |
| MANNER OF CALCULATING REPORTABLE INTERESTS:   |  |  |  |
|   | THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES                                 |  |  |
| further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REF   | CH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for FLECTS EITHER (check one): |  |  |
| COMPARATIVE (PERCENTAGE) THRESHOLDS   | OR DOLLAR VALUE THRESHOLDS   |  |  |
|   |  |  |  |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income   | e to the reporting person  |  |  |
| NAME OF SOURCE SOURCE   | CE'S DESCRIPTION OF THE SOURCE'S   |  |  |
| OF INCOME ADDRI   | ESS PRINCIPAL BUSINESS ACTIVITY  |  |  |
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| PART B SECONDARY SOURCES OF INCOME [Major customers, cl   | 2  |  |  |
| NAME OF I NAME OF MAJOR SOURCES BUSINESS ENTITY OF BUSINESS' INCOME   | ADDRESS PERNCIPAL BUSINESS OF SOURCE ACTIVITY TO SOURCE                                    |  |  |
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| PART C REAL PROPERTY [Land, buildings owned by the reporting pe   | erson] FILING INSTRUCTIONS for when  |  |  |
|   | and where to file this form are locat-   |  |  |
|   | ed at the bottom of page 2.  |  |  |
|   | INSTRUCTIONS on who must file  |  |  |
|   | this form and how to fill it out begin   |  |  |
|   | on page 3 of this packet.  |  |  |
| <del></del>   | OTHER FORMS you may need to  |  |  |
|   | file are described on page 6   |  |  |

| PART F — INTERESTS IN SPECIFIED BUSINESSES (Comerchip or positions in certain types of businesses)  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 2  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 2  BUSINESS ENTITY # 2  BUSINESS ENTIT | PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]  TYPE OF INTANGIBLE  BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |   |   |  |
|--|---|---|---|--|
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 3  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTITY # 3  BUSINESS ENTITY # 2  BUSINESS ENTIT | L   |   |   |  |
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| ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY POSITION HELD WITH ENTITY POSITION HELD WITH ENTITY OWN MORE THAN A 5% INTEREST IN THE BUSINESS ATURE OF MY OWNERSHIP INTEREST  IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  SIGNATURE:  DATE SIGNED:  Local officers: file with the Supervisor of Elections of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)  WHEN TO FILE: At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office.  At the end of office or employment each coal officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office.  To determine what category your position.  | NAME OF   | S ENTITY # 1 BUSINESS ENTITY #  | 2 BUSINESS ENTITY # 3                         |  |
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| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  SIGNATURE:  WHAT TO FILE:  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).  WHERE TO FILE:  Local officers: file with the Supervisor of Elections of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Supervisor of the county in which you permanently reside in Florida, file with the Commission on Ethrica, P.O. Drawer 15709, Tallahassee, FL 32317-5709, physical address: 3800 Maclay Boulevard, South, Sutie 201, Tallahassee, FL 32312.  To determine what category your position  | WITH ENTITY /   |   |   |  |
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| nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)  WHEN TO FILE:  At the end of office or employment each local officer, state officer, and specified state employemployee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless you take another posi-  sently 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, Sutie 201, Tallahassee, FL 32312.  To determine what category your position  | pages 1 and 2, including signing and dating it,   | Elections of the county in which you perma-   |   |  |
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| At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless you take another position.  ees: 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.  |   | where your agency has its headquarters.)  | this is not the last form you will file, even |  |
| employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless you take another position.  To determine what category your position.  |   | ees: file with the Commission on Ethics, P.O.   | of your term of office or employment. You     |  |
| form (Form 1F) within 60 days of leaving office or employment, unless you take another posi- To determine what category your position  |   |   |   |  |
| To determine what category your position   | form (Form 1F) within 60 days of leaving office   |   | S S <b>n</b>                                  |  |
| tion within the 60-day period that requires you falls under see the "Who Must File" Instructions   | tion within the 60-day period that requires you   | To determine what category your position falls under see the "Who Must File" Instructions |   |  |
| to file financial disclosure on Form 1 or Form on page 3.  |   | •   | এব ভারতিকার্ক                                 |  |