| FORM 1 STATEMENT OF   |  |   | 2006                                     |  |  |  |  |
|---|--|---|--|--|--|--|--|
| Please print or type your name, mailing<br>address, agency name, and position below:  | TS   |   |  |  |  |  |  |
| LAST NAME FIRST NAME MIDDLE NAM<br>Durling ADDRESS:<br>6720 MJink/21-<br>Ff. MyErs<br>CITY:<br>CITY:<br>ZIP<br>CONSTRUCTION BOARD 2<br>NAME OF AGENCY:  | and Frey.<br>Rd.   | USE USE   | ID No.                                   |  |  |  |  |
| BUANCI MEMBE<br>NAME OF OFFICE OR POSITION HELD OR  |  |   |  |  |  |  |  |
| You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE  |  |   |  |  |  |  |  |
| **BOTH PARTS OF THIS SECTION MUST BE COMPLETED**         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):         Image: December 31, 2006       OR       Image: Specify tax year if other than the calendar year:         Image: December 31, 2006       OR       Image: Specify tax year if other than the calendar year:         Image: December 31, 2006       OR       Image: Specify tax year if other than the calendar year:         Image: December 31, 2006       OR       Image: Specify tax year if other than the calendar year:         Image: December 31, 2006       OR       Image: Specify tax year if other than the calendar year:         Image: December 31, 2006       OR       Image: Specify tax year if other than the calendar year:         Image: December 31, 2006       OR       Image: Specify tax year if other than the calendar year:         Image: December 31, 2006       OR       Image: Specify tax year if other than the calendar year:         Image: December 31, 2006       OR       Image: Specify tax year if other than the calendar year:         Image: December 31, 2006       OR       Image: Specify tax year if other than the calendar year:         Image: Specify tax year if other than the calendar year:      < |  |   |  |  |  |  |  |
| PART A PRIMARY SOURCES OF INCOME<br>NAME OF SOURCE<br>OF INCOME   | he reporting person]<br>IRCE'S<br>IRESS                                    | DESCRIPTION OF THE SOURCE'S<br>PRINCIPAL BUSINESS ACTIVITY  |  |  |  |  |  |
| MArvin DEJ. Corp.   | 1Arvin DEJ. Comp. 6720 winklan Red F.f. My                                 |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| BUSINESS ENTITY OF BUSINESS' INCOME OF  |  | and other sources of income t<br>ADDRESS<br>OF SOURCE<br>6726 J. W. W. C. F. F. S<br>F. J. My C. S. F. J. | PRINCIPAL BUSINESS<br>ACTIVITY OF SOURCE |  |  |  |  |
| Minicurets1, Inc  |  | 6720 Winklork<br>Ft Myers, FT.  | 2433919 Dunpshers                        |  |  |  |  |
| PART C REAL PROPERTY [Land, buildings   | n]<br>7 33908  | FILING INSTRUCTIONS for whe<br>and where to file this form are locat-<br>ed at the bottom of page 2.      |  |  |  |  |  |
| 6726 Winklur R. F   | INSTRUCTIONS on who must file<br>this form and how to fill it out begin    |   |  |  |  |  |  |
| Let 92 Calors A 1   | on page 3.<br>OTHER FORMS you may need to<br>file are described on page 6. |   |  |  |  |  |  |

CE FORM 1 - Eff. 1/2007 (Continued on reverse side)

| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]<br>TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES |                     |                     |                     |                          |  |  |  |
|--|---------------------|---------------------|---------------------|--------------------------|--|--|--|
| - 1 × 1  | Provent -           |                     | ligon stanley       |                          |  |  |  |
| JFOEK A  | CCCust -            |                     | ig the stan Ing     |                          |  |  |  |
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|  |                     |                     | 540-70              |                          |  |  |  |
|  |                     |                     |                     |                          |  |  |  |
|  |                     |                     |                     |                          |  |  |  |
| PART E — LIABILITIES [Major debts]<br>NAME OF CREDITOR   |                     | ADDRESS OF CREDITOR |                     |                          |  |  |  |
| Busty Bank NA. 7908 Summerlin Lake Dr. F.M. F1 33  |                     |                     |                     | Dr Fun. Fl 33907         |  |  |  |
| Bus Ey Book NA 7908 Summerlin Lake Dr. F.M. F. 1 33907<br>Riverside Frank Gullant 506 Cape Goal, Parking - CC F1. 33904                                  |                     |                     |                     |                          |  |  |  |
|  |                     |                     |                     |                          |  |  |  |
| <u></u>  |                     |                     |                     |                          |  |  |  |
|  |                     |                     |                     |                          |  |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]   |                     |                     |                     |                          |  |  |  |
|  | BUSINESS ENTITY # 1 |                     | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3      |  |  |  |
|  | WARVIN DEU Carr     |                     | Durling Aller       | Maintinenetal las        |  |  |  |
| BUSINESS ENTITY<br>ADDRESS OF<br>BUSINESS ENTITY   | TT PALOTEN PLU      | <u>ceop</u>         | pur my + aprice me  |                          |  |  |  |
| PRINCIPAL BUSINESS   | Contraction         |                     | RESTESTAL           | Dungsters                |  |  |  |
| POSITION HELD<br>WITH ENTITY   | Pres                |                     | F2S                 | Fres                     |  |  |  |
| I OWN MORE THAN A 5%   | 10%                 |                     | 100%                | 1007                     |  |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   | auner               |                     | awar                | OWSK-                    |  |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE   |                     |                     |                     |                          |  |  |  |
| SIGNATURE (required):  | 1                   |                     | DATE SIGNED (r      | equired):<br>8 / 11 / 17 |  |  |  |

## 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.

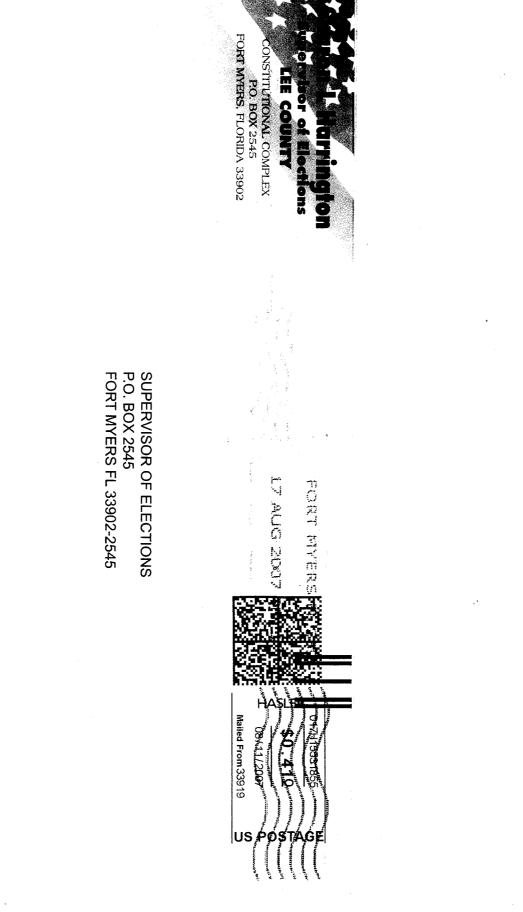
## WHEN TO FILE:

**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 positions.

**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.



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