FORM 1	FORM 1 STATEMENT OF					2005	
Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
LAST NAME FIRST NAME MIDDL EVANGS ERIC		BLAKE		FOR OF			
MAILING ADDRESS : PO BOX 22	-		in the second			~	
CITY: ZIP: COUNTY: SANIBEL FL 33157 LEE NAME OF AGENCY: NAME OF OFFICE OR POSITION HELD OR SOUGHT:					ID Code ID No. Conf. Code P. Req. Code	OGJULO7PH0126 SDE Le	
	OR			PDF 2005			
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, 2005 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: Image: December 31, 2005 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): Image: Comparative (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A PRIMARY SOURCES OF I			OR he reporting person]		JULLAR VALUE IF	IRESHOLDS	
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS			DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
EH BUILDING GRA	<u>.1</u> P	12751 WESTIN	LS, FT MYE	es, Fr	HOME	BUILDING	
			******		- altàinine na		
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PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of NAME OF NAME OF MAJOR SOURCES ADDF BUSINESS ENTITY OF BUSINESS' INCOME OF SO			ESS	I P	by the reporting person] RINCIPAL BUSINESS CTIVITY OF SOURCE		
		an dhadhaan an					
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					and where to fi ed at the botto		
						ONS on who must file low to fill it out begin	
					OTHER FOR file are describ	MS you may need to ed on page 6.	

PART D — INTANGIBLE PERSON TYPE OF INTANGIB		ks, bonds, certific		ICH THE PROPERTY RELATES			
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	, <u>, , , , , , , , , , , , , , , , , , </u>						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
	<u> </u>						
PART F — INTERESTS IN SPECIFI	ED BUSINESSES (O	wnership or positi	ons in certain types of businesses	sl			
	BUSINESS ENT		BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY							
ADDRESS OF BUSINESS ENTITY	- <u> </u>						
PRINCIPAL BUSINESS ACTIVITY	<u> </u>						
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A			D ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE (required): The Black TERMS DATE SIGNED (required): 7/6/06							
FILING INSTRUCTIONS:							
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.		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					

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.

your annual disclosure filing, return the form to that location.

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.

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.