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 NAM	1E: _	NAME OF REPORTING PERSON'S AGENCY:						
Gargano, Theresa	Marie	Sanibel Physica Commission						
MAILING ADDRESS:		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):						
1271 Isabel DR.								
SANIBEL FI 3395	7 Lee	☐ TOCAL OFFICER ☐ STATE OFFICER ☐ SPECIFIED STATE EMPLOYEE						
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION HELD:						
		Planning (omm 15510ner					
BOTH PARTS OF THIS SECTION 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 Jan 3 , 2005. (Date must be prior to 12/31/05)								
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): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS								
7								
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	OME [Major sources of incom SOURC ADDRI	CE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Pension - Roche								
Vitamins INC.	Parsippany	X.J,	Vitamins & Fire					
THE TOTAL PROPERTY OF THE PARTY			Cheoricals Manufacturino					
			() () () () () () () () () ()					
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]								
NAME OF NAM	ME OF MAJOR SOURCES	ADDRESS OF SOURCE	PRINCIPAL BUSINESS					
	BUSINESS ENTITY OF BUSINESS' INCOME		ACTIVITY OF SOURCE					
Noxe								
PART C - REAL PROPERTY [Land, buildings owned by the reporting person]			FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.					
NONE SS: ZHU 6-	. 5							
No. 2 Carlotte and the			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.					
			and account on page of					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]							
NON ?	IIBLE		BUSINESS ENTITY TO WHI	CH THE PROPERTY RELATES			
/10/12		 					

PART E — LIABILITIES [Majo		_					
NAME OF CREDITOR		ADDRESS OF CREDITOR					
NoNe		ļ					
PART F — INTERESTS IN SP	ECIFIED BUSINES	SES [Ownership	o or positions in certain types of	businesses?			
1	BUSINESS EN		BUSINESS ENTITY # 2				
NAME OF BUSINESS ENTITY	NoNe						
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS		····					
ACTIVITY POSITION HELD	····						
I OWN MORE THAN A 5%							
INTEREST IN THE BUSINESS NATURE OF MY							
OWNERSHIP INTEREST							
IF ANY OF PARTS A	THROUGH F AR	E CONTINUE	D ON A SEPARATE SHE	ET, PLEASE CHECK HERE			
SIGNATURE: T	maria	Sara	Qa Mλ DATE S	GIGNED: Feb. 25,2005			
Sucresa	Marie		gev > cc	120.00,300			
FILING INSTRUCTIONS:							
	1 1.1		31 KC C 1101 (5.		1		
			_				
WHAT TO FILE: After completing all parts of		HERE TO FIL Local officers:	file with the Supervisor of	NOTE:			
pages 1 and 2, including signing send back only the first sheet for file			ounty in which you perma- u do not permanently reside	If you are leaving office or employn			
not return any of the instruction page	ges). in I	Florida, file with t	the Supervisor of the county	during the first half of 2005, you may have filed Form 1 for 2004. In that c	ase,		
WHEN TO FILE:	Wh		has its headquarters.) or specified state employ-	this is not the last form you will file, e though the Form 1F covers the final por			
At the end of office or employ	yment each ee		Commission on Ethics, P.O.	of your term of office or employment.	You		

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 within the 60-day period that requires you to file financial disclosure on Form 1 or Form Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Sutie 201, Tallahassee, FL 32312.

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

July 1 of 2005.

6.