FORM 1		STATEM	ENT OF		2004		
Please print or type your name, mailing address, agency name, and position below	v: FIN	NANCIAL	INTERES	STS			
LAST NAME FIRST NAME MIDDL Gillis Mark	E NAME : John			FOR OFFICE USE ONLY:	5. 2		
MAILING ADDRESS :					2005 2005		
1531 Hendry Str	eet		 ID (SUPERVISO			
					-8 m		
CITY:	ZIP:		ID N	<i>ass</i> * **			
Fort Myers, FL.	33901						
City of Fort My	ers Plan		Cor	PAIR POR Code No.			
NAME OF OFFICE OR POSITION HEL			l _{P.R}	Req. doge			
Planning Board	Member —	and the second			- y		
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): DECEMBER 31, 2004 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):							
COMPARATIVE (PERCENTAGE	<u> </u>		QR 💌	DULLAR	VALUE THRESHOLDS		
PART A PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	COME [Major:	SOUF	ne reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
David Plummer &		0 Ponce de I		Con	sulting Civil Eng.		
Associates	Cor	al Gables, I	FL. 33134				
	153	B1 Hendry St	reet				
	For	t Myers, FL.	. 33901				
PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE							
NA							
							
PART C REAL PROPERTY [Land, b	uildings owned	1]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.				
NA							
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.				
					ER FORMS you may need to		

PART D — INTANGIBLE PERSO TYPE OF INTANG		ks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
See Attachment 1							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
Prime West Mortgage Co.		P.O. Box 53420					
		Lubbock, Texas					
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENTI	TY#1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	NA		NA	NA			
ADDRESS OF BUSINESS ENTITY	· 						
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY	<u> </u>						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							

SIGNATURE (required):

DATE SIGNED (required): 6/1/05

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.

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.

FILING INSTRUCTIONS:

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.

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.

Attachment 1 Mark J. Gillis

Form 1. Statement of Financial Interests Part D - Intangible Personal Property

Type of Intangible

Mutual Fund Mutual Fund Mutual Fund Mutual Fund Mutual Fund Stocks Stock 401k Mutual Funds

IRA IRA

IRA Bank Acco

Bank Account Life Insurance

Business Entity

The American Funds
Fidelity Investments
The Vanguard Group
Eaton Vance
T. Rowe Price

AIG / FSC Securities

David Plummer & Associates

Scudder Investments The Vanguard Group Franklin Utilities

Franklin Templeton Investments

AmSouth Bank

Realiastar Life Assurance