FORM 1	STATEM	ENT OF		2004			
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTEREST	rs [
LAST NAME FIRST NAME MIDDLE NAME HART LARRY MAILING ADDRESS :			R OFFICE E ONLY:	RE SUPERV			
1469 Moreno	ave.		ID C	<u> </u>			
CITY: FORT MYESS	FC 37	Lee	ID N				
NAME OF OFFICE OR POSITION HELD OR	SAMH Le	e county	Cani P. R				
ASST. TOX COllector - 7 CHECK ONLY IF CANDIDATE OR	NEW EMPLOYEE OR A	n It Board	- , -	4			
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: 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							
PART A PRIMARY SOURCES OF INCOME NAME OF SOURCE	[Major sources of income to the	ne reporting person]	DES	SCRIPTION OF THE SOURCE'S			
Lee Courty	2480 Thompson	st Fortmy		ST. Tax Collector			
	FLorida 3	3901	OFFICE				
				<u></u>			
	OME [Major customers, clients, IE OF MAJOR SOURCES F BUSINESS' INCOME	and other sources of incon ADDRESS OF SOURCE		es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Fort Myers Police Re	eticement	2210 Peck	5+	Police Retirement			
Larry D. Hart Many	Consiltent	1901 Verena 9		Wingt Corse Hant			
1		Fact myes F	-L 33/11				
1961 Verona St For 2997 Douglas St For	+ Myers FL + Myers FL	Bollding 13 Bollding 56 %	and we do at the state of this for	IG INSTRUCTIONS for when here to file this form are locat-the bottom of page 2. RUCTIONS on who must file form and how to fill it out begin			
		Building 56% Building 50% Lund+Billing 50%		ge 3. ER FORMS you may need to e described on page 6.			

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
Stocks	>		Commerce Bank Southwest FL				
FRS INCE	stment	Florida Retirement System					
AIG INVE	7.7	AFG Valic					
South Land Bo	WK INVEST	Southland Bank					
Fifth Third	Thuestment	Fifth Third Bank					
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR					
Southland Bank		P. D. Box 5676 Dothon AL 36302					
Prevident Prortage		P.O Bot 5914 Santa Rose GA 95402					
Edison Bank		2105 First St Fort Myers FL 33901					
		!					
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	LARKY Hart Manet Inc		Commerce Bank				
ADDRESS OF BUSINESS ENTITY	1901 Verona st		1520 RoyalPalm				
PRINCIPAL BUSINESS ACTIVITY	Consoltant		Bank				
POSITION HELD WITH ENTITY	fres dent		Board - Director				
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	80%		Less than 5%				
NATURE OF MY OWNERSHIP INTEREST	Consultant		Director				
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required):	SIGNATURE (required): DATE SIGNED (required):						
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.

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.

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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