FORT MYERS FL 33919   STARBOARD DEV-CORP. Same as above REAL ESTATE DEVELOPME   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 NAME OF MAJOR SOURCES ADDRESS   BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE   ACTIVITY OF SOURCE ACTIVITY OF SOURCE   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.	FORM 1		STATEMENT OF				2005	
MAILING ADDRESS JAMES E. JR.   MAILING ADDRESS ID COUNTY:   IN AND OF ACTIONS ID COUNTY:   FORME OF ACTIONY ZIP:   COUNTY: ZIP:   FORME OF ACTIONY ZIP:   MANE OF ACTIONY ZIP:   COUNTY: ZIP:   FORME OF ACTIONY ZIP:   COUNTY: ZIP:   MANE OF ACTIONY ZIP:   COUNTY: ZIP:   MANE OF CONSTRONTED DED ON COUNTY: ZIP:   CHECK ONLY IF CANDIDATE OR   INSCRIPTION THELD OR SOUGHT: LOCAL   LOCAL OF FEIGEA COUNTY:   CHECK ONLY IF CANDIDATE OR   INSCRIPTION THELD OR SOUGHT: DOCAL   LOCAL OF FEIGEA CHECK ONLY IF   CHECK ONLY IF CANDIDATE OR   INSCRIPTION THERLOOR SOUGHT ENDITION THELO OR SOUGHT:   LOCAL OF FEIGEA COUNTY   MISSING THANGED ON OP SUBJACE OF THIS SECTION MUST BE COMPLETED***   MISSING THANGE OF COUNTY BOTH PARTS OF THIS SECTION MUST BE COMPLETED***   MISSING CALCULATING REPORTABLE INTERNETS FOR THE PRECEDING TAX YEAR ENDING ETHER (MORE OR	Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTERESTS							
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 ETHER (check one):   V 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 ABSOLIDE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, ON 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 [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S   OF INCOME YIOL W C.DILER COME DIS SALL REAL ESTATE BROKEARES   OF INCOME YIOL W C.DILER COME DIS SALL REAL ESTATE BROKEARES   OF INCOME YIOL W C.DILER COME DIS SALL REAL ESTATE BROKES ACTIVITY   MIN SEY ASSOCIATES INC YIOL W C.DILER COME DIS SALL REAL ESTATE DESTATE BROKEARES	LAST NAME FIRST NAME MIDDLE NAME : KINSEY JAMES E. JR. MAILING ADDRESS :					LY:		
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NAME OF SOURCE OF INCOME SOURCE'S ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY   MIN SEY ASSOCIATES INC 9101 W College found Dr Sk I REAL ESTATE BROKERAGE   FORT MYERS FL 33919   STARBOARD DEU·CORP. Same as aboux   PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]   NAME OF BUSINESS ENTITY NAME OF MAJOR SOURCES OF BUSINESS' INCOME ADDRESS OF SOURCE   PART C - REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.	THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILER REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS	FINANC LOW WH 5 TABLE I S THE , OR US E STATE	IAL INTERESTS FOR THE PR THER THIS STATEMENT IS OR SPECIFY INTERESTS: OPTION OF USING REPOR SING COMPARATIVE THREST E BELOW WHETHER THIS ST	RECEDING TAX YEA FOR THE PRECED TAX YEAR IF OTHE TING THRESHOLD HOLDS, WHICH AR ATEMENT REFLEC	R, WHETHI DING TAX YE R THAN TH S THAT AF E USUALLY TS EITHER	EAR EN HE CALE RE ABS Y BASE (check	DING EITHER (check ENDAR YEAR: OLUTE DOLLAR VA D ON PERCENTAGE one):	( one): LUES, WHICH VALUES (see
MIN SEY ASSOCIATES INC 9101 W College foink Dr Skl REAL ESTATE BROKERAGE   FORT MYERS FL 33919   STARBOARD DEV·CORP- Same as above   PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] PRINCIPAL BUSINESS   NAME OF BUSINESS ENTITY NAME OF MAJOR SOURCES OF BUSINESS' INCOME ADDRESS OF SOURCE   PART C - REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.	NAME OF SOURCE							
STARBOARD DEV · CORP. Same as above. REAL ESTATE DEVELOPME   PART B SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF MAJOR SOURCES ADDRESS   NAME OF BUSINESS ENTITY NAME OF MAJOR SOURCES ADDRESS PRINCIPAL BUSINESS   BUSINESS ENTITY OF BUSINESS' INCOME OF SOURCE ACTIVITY OF SOURCE   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.			9101 W College Pointe Dr Stel			REAL ESTATE BROKERAGE		
NAME OF BUSINESS ENTITY NAME OF MAJOR SOURCES OF BUSINESS' INCOME ADDRESS OF SOURCE PRINCIPAL BUSINESS ACTIVITY OF SOURCE   PART C REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.	STARBOARD DEV. CO	RP-				REAL	- ESTATE D	EVELOPMEN
and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file	NAME OF NAME OF MAJOR SOURCES ADD			I ADDR	ESS	ousiness	PRINCIPAL	BUSINESS
and where to file this form are locat- ed at the bottom of page 2. INSTRUCTIONS on who must file								
this form and how to fill it out begin on page 3. OTHER FORMS you may need to	PART C REAL PROPERTY [Land,	ouildings	owned by the reporting person	n]		and w ed at INST this fo on pag	here to file this fo the bottom of page RUCTIONS on w orm and how to fill ge 3.	rm are locat- e 2. who must file it out begin

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE [ BUSINESS ENTITY TO WHICH THE PROPERTY RELATES								
				· · · · · · · · · · · · · · · · · · ·				
·								
PART E — LIABILITIES [Major of NAME OF CRED		ADDRESS OF CREDITOR						
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								
ADDRESS OF BUSINESS ENTITY								
PRINCIPAL BUSINESS ACTIVITY								
POSITION HELD WITH ENTITY								
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):								
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.

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.

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.