FORM 1		STATEM	IENT OF			2004
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL	INTERE	CSTS	s Г	
LAST NAME FIRST NAME MIDD MILes Robert MAILING ADDRESS: PC BOX 204		e: Aul		FOR C USE O	DFFICE ONLY:	
Alum CITY: Devils GAININ WATER NAME OF AGENCY: See Fetron NAME OF OFFICE OR POSITION HE	ZIP Contro	Secretar	-e unter contre	1	ID N Cor	No. 2005 MAR 18
CHECK ONLY IF 🔲 CANDIDATE	OR		PPOINTEE			2
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR A FISCAL YEAR. PLEASE STATE BE DECEMBER 31, 200 MANNER OF CALCULATING REPOR THE LEGISLATURE ALLOWS FILEF REQUIRES FEWER CALCULATIONS instructions for further details). PLEAS COMPARATIVE (PERCENTAG	FINANC LOW WH 4 RTABLE I RS THE 5, OR US E STATE	OR OR SPECIFY INTERESTS: OPTION OF USING REPOR SING COMPARATIVE THRES SELOW WHETHER THIS ST	RECEDING TAX YEAF S FOR THE PRECEDI TAX YEAR IF OTHEF TING THRESHOLDS HOLDS, WHICH ARE FATEMENT REFLECT	R, WHET ING TAX R THAN S THAT E USUAL S EITHE	THER BAS YEAR EN THE CAL ARE ABS LY BASE R (check	IDING EITHER (check one): ENDAR YEAR: SOLUTE DOLLAR VALUES, WHICH D ON PERCENTAGE VALUES (see one):
PART A PRIMARY SOURCES OF I NAME OF SOURCE		[Major sources of income to the second s				VALUE THRESHOLDS
Alice Inc		P.O 338	RESS			RINCIPAL BUSINESS ACTIVITY
		1.46-11= Fl 3397-	5			
PART B SECONDARY SOURCES ON NAME OF BUSINESS ENTITY	NAME	ME [Major customers, clients, E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of in ADDRE OF SOU	ss	business	es owned by the reporting person] 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.	
						RUCTIONS on who must file orm and how to fill it out begin ge 3.
			······································	÷		ER FORMS you may need to e described on page 6.

PART D - INTANGIBLE PERSO		ks, bonds, certific	ates of deposit, etc.]	H THE PROPERTY RELATES		
TYPE OF INTANG	BLE		BUSINESS ENTITY TO WHIC			
MA						
		· · · · · · · · · · · · · · · · · · ·				
PART E - LIABILITIES [Major						
NAME OF CREI	DITOR		ADDRESS 0	PF CREDITOR		
Rank of Ame	nic of -	P.O	Box 3514	0		
THEN G FILLE			The Hart			
inenja)		100	Surrey DY			
			40232-51	50		
PART F — INTERESTS IN SPEC	IFIED BUSINESSES [C	whership or positi	ons in certain types of businesses]			
	BUSINESS ENTITY # 1		BUSINESS ENTITY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY	W/X					
ADDRESS OF						
BUSINESS ENTITY PRINCIPAL BUSINESS		<u>.</u>	· · · ·			
ACTIVITY			,			
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5%						
INTEREST IN THE BUSINESS NATURE OF MY			<u>,</u>			
OWNERSHIP INTEREST						
IF ANY OF PARTS	A THROUGH F AR		D ON A SEPARATE SHEE	T, PLEASE CHECK HERE		
SIGNATURE (required): Roberto Wind DATE SIGNED (required): 3-11-05						
FILING INSTRUCTIONS:						
WHAT TO FILE:	<u></u>	HERE TO FIL		WHEN TO FILE:		
			iller former has the Origination	Initially each local officer/omployee state		

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.

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.

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.

FORM 1	STATEMENT	OF	2004
Please print or type your name, mailing address,-agency name, and position_b		ERESTS	
AST NAME - FIRST NAME - MID MIL EY MAILING ADDRESS :	obert PAul	FOR OFFICE USE ONLY:	
Alva, Fl Devils Garden		<i>45</i> ι□ <i>Σι'μ</i> μνε _C	o No.
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
PART A PRIMARY SOURCES O NAME OF SOURCE	AGE) THRESHOLDS <u>OR</u> F INCOME [Major sources of income to the reporting SOURCE'S	DOLL person]	AR VALUE THRESHOLDS
PART A PRIMARY SOURCES O	F INCOME [Major sources of income to the reporting SOURCE'S ADDRESS P.O. By 338	person]	AR VALUE THRESHOLDS
PART A PRIMARY SOURCES O NAME OF SOURCE OF INCOME	F INCOME [Major sources of income to the reporting SOURCE'S ADDRESS	person]	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
PART A PRIMARY SOURCES O NAME OF SOURCE OF INCOME Alico Inc.	FINCOME [Major sources of income to the reporting SOURCE'S ADDRESS P.O. Box 338 [.Abe. 11e, Fl. 339]	person]	AR VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Agr; Bus; ~~ 55
PART A PRIMARY SOURCES O NAME OF SOURCE OF INCOME Alico Inc.	F INCOME [Major sources of income to the reporting SOURCE'S ADDRESS P.O. By 338	person]	AR VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Agr; Bus; ~~ 55
PART A PRIMARY SOURCES O NAME OF SOURCE OF INCOME Alico Inc. PART B SECONDARY SOURCE NAME OF	F INCOME [Major sources of income to the reporting SOURCE'S ADDRESS P.O. By 338 [Abe IIc, FI. 339] S OF INCOME [Major customers, clients, and other so NAME OF MAJOR SOURCES	DOLL person]	AR VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Agri Bus; ~ 5 5 esses owned by the reporting person] PRINCIPAL BUSINESS
PART A PRIMARY SOURCES O NAME OF SOURCE OF INCOME Alico Inc. PART B SECONDARY SOURCE NAME OF	F INCOME [Major sources of income to the reporting SOURCE'S ADDRESS P.O. By 338 [Abe IIc, FI. 339] S OF INCOME [Major customers, clients, and other so NAME OF MAJOR SOURCES	DOLL person]	AR VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Agri Bus; ~ 5 5 esses owned by the reporting person] PRINCIPAL BUSINESS
PART A PRIMARY SOURCES O NAME OF SOURCE OF INCOME Alico Inc. PART B SECONDARY SOURCE NAME OF BUSINESS ENTITY	F INCOME [Major sources of income to the reporting SOURCE'S ADDRESS P.O. By 338 [Abe IIc, FI. 339] S OF INCOME [Major customers, clients, and other so NAME OF MAJOR SOURCES	DOLL person]	AR VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Agri Bus; ~ 5 5 esses owned by the reporting person] PRINCIPAL BUSINESS
PART A PRIMARY SOURCES O NAME OF SOURCE OF INCOME Alico Inc. PART B SECONDARY SOURCE NAME OF BUSINESS ENTITY	F INCOME [Major sources of income to the reporting SOURCE'S ADDRESS P.O. Box 338 [.Abe.llc], F1. 339 ES OF INCOME [Major customers, clients, and other so NAME OF MAJOR SOURCES OF BUSINESS' INCOME	DOLL person]	AR VALUE THRESHOLDS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY Agr; $Bus; n - ss$ esses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE LING INSTRUCTIONS for when d where to file this form are locat-

PART D — INTANGIBLE PERSONAL P TYPE OF INTANGIBLE	ROPERTY [Stocks, bonds, ca	ertificates of deposit, etc.] BUSINESS ENTITY TO WHI	ICH THE PROPERTY RELATES	·
N/H				
				· ·
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS	OF CREDITOR	• .
Bank of Ameri		0 35140		- <u></u>
	<i>kc</i>	40232-3	5150	
PART F — INTERESTS IN SPECIFIED B	USINESSES [Ownership or r	positions in certain types of businesse:	s]	
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	2 BUSINESS ENTITY #	: 3
ADDRESS OF	A			
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 THE		NUED ON A SEPARATE SHE	ET, PLEASE CHECK HERE	
SIGNATURE (required):	28 m-		IGNED (required): 3 - 11 - O	5
	FILING]	INSTRUCTIONS:		
WHAT TO FILE: After completing all parts of this form, i signing and dating it, send back only sheet (pages 1 and 2) for filing.	the first on Ethics or a	ailed the form by the Commission a County Supervisor of Elections al disclosure filing, return the form	WHEN TO FILE: Initially, each local officer/employed officer, and specified state employed file within 30 days of the date of his appointment or of the beginning of ment. Appointees who must be confi	ee must is or her employ-
NOTE: MULTIPLE FILING UNNECESS	of Elections of nently reside. (in Florida, file	/employees file with the Supervisor f the county in which they perma- (If you do not permanently reside with the Supervisor of the county ency has its headquarters.)	the Senate must file prior to confirmatie if that is less than 30 days from the date appointment. Candidates for publicly-elected loca	ion, even te of their al office
Generally, a person who has filed Form calendar or fiscal year is not required second Form 1 for the same year. Ho candidate who previously filed Form 1 of another public position must at least fil	1 for a State officers to file a file with the Co wever, a 15709, Tallaha because address: 3600	or specified state employees ommission on Ethics, P.O. Drawer assee, FL 32317-5709; physical Maclay Boulevard, South, Suite	must file at the same time they file their qualifying papers. <i>Thereafter</i> , local officers/employees, state officers, and specified state employees are	
of his or her original Form 1 when qualify	vina.	ile this form together with their	required to file by July 1st followir calendar year in which they hold th tions.	

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

on page 3.

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.