FORM 1		STATEM	ENT OF			2004		
Please print or type your name, mailing address, agency name, and position be	low:	FINANCIAL	INTERE	STS		/		
LAST NAME FIRST NAME MIDE Mitar - Cyn MAILING ADDRESS: 1462 Argy CITY: Fort Myers NAME OF AGENCY: Le Court NAME OF OFFICE OR POSITION HI FISCAL M CHECK ONLY IF CANDIDATE	the Le ZIP ZIP	<u>a - Carme</u> Drive 3916 h	le			HITIEL CO		
**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) THRESHOLDS								
PART A PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE OF INCOME ADDRESS				DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY				
N/A								
PART B SECONDARY SOURCES NAME OF BUSINESS ENTITY NIA	NAM	ME [Major customers, clients, a E OF MAJOR SOURCES BUSINESS' INCOME	and other sources of ir ADDRE OF SOUF	SS	siness	es owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE		
PART C REAL PROPERTY [Land, buildings owned by the reporting person]					nd w	IG INSTRUCTIONS for when here to file this form are locat- the bottom of page 2.		
				tl o	his fo on pag			
	······					ER FORMS you may need to edscribed on page 6.		

PART D — INTANGIBLE PERSO TYPE OF INTANGI		cks, bonds, certific		CH THE PROPERTY RELATES			
11/A			BUSINESS ENTITY TO WILL				
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		<u>+</u>	<u></u>				
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PART E — LIABILITIES [Major d NAME OF CRED			ADDRESS (	OF CREDITOR			
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<u> </u>	<u>e e e e e e e e e e e e e e e e e e e </u>						
	<u></u>	+	<u></u> <del>.</del>				
PART F — INTERESTS IN SPECI		Ownership or positic	ons in certain types of businesses	1			
	BUSINESS ENT		BUSINESS ENTITY # 2	-			
	n)/12						
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	///						
BUSINESS ENTITY PRINCIPAL BUSINESS							
ACTIVITY POSITION HELD	<u></u>						
VITH ENTITY			<u> </u>				
INTEREST IN THE BUSINESS NATURE OF MY							
OWNERSHIP INTEREST	المركبة والكامي الشرور						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE (required): Centure C. Mitan DATE SIGNED (required): 06.03.04							
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. 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. 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. 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 employ-							

## 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.

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, Tailahassee, 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.

ment. 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.