FORM 1 F

FINAL STATEMENT OF

2006

| FINANCIAL INTERESTS | | |
|--|--|--|
| (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT) | | |
| LAST NAME - FIRST NAME - MIDDLE NAME: Seele Thomas | NAME OF REPORTING PERSON'S AGENCY: | |
| MAILING ADDRESS: 9149 Paseo De Valencia FT Myers Fl. 33908 CITY: ZIP: COUNTY: Lec | CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): LOCAL OFFICER STATE OFFICER SPECIFIED STATE EMPLOYEE LIST OFFICE OR POSITION HELD: D. D. | |
| ***BOTH PARTS OF THIS SECTION MUST BE COMPLETED*** DISCLOSURE PERIOD: THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2006 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS | | |
| PART A PRIMARY SOURCES OF INCOME [Major sources of income NAME OF SOURCE OF INCOME ADDRESSOURCE OF INCOME ADDRESSOURCE | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| | | |
| PART B SECONDARY SOURCES OF INCOME [Major customers, clienters of MAME OF MAJOR SOURCES OF BUSINESS ENTITY OF BUSINESS' INCOME Scilstate Allstans Real Estate Inc. Commission sales | ents, and other sources of income to businesses owned by reporting person] ADDRESS OF SOURCE PRINCIPAL BUSINESS ACTIVITY OF SOURCE Soft // Sociate Parta Gorda Fl. 37850 | |
| SW. Fle Consoldated Kealestate Investment Proporties LAC INVESTMENTS | 9149 Pases De Valencia Real Estate FTMici Fl. 73908 Insert ments | |
| PART C-REAL PROPERTY [Land, buildings owned by the reporting per G149 Paseo De Valencia FTM yers 24 North Port Florida b1 40 Acres Tepeka Kanuas L 16078 Water leaf Lanc FTM yers | FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. OTHER FORMS you may need to file are 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 | | | |
|---|--|--|--|
| (2001) 2365 Cuddy Ba | |) | |
| (2001) Food F250 Self | | | |
| (2003) Corvette Convertible Sett | | | |
| (1997) Califfer FTC Self | | | |
| (2000) Variation Tetatie Self | | | |
| CZCCC / KRWWJAK / VI | OE/I | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| PART E — LIABILITIES [Major debts] NAME OF CREDITOR | ADDRESS | S OF CREDITOR | |
| Walls Faras Acne Mta 2799 Wells Faras Way | | | |
| Marragolis MN. 55467 | | | |
| | | | |
| | | | |
| | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | |
| _ | SS ENTITY # 1 BUSINESS ENTITY # | | |
| NAME OF BUSINESS ENTITY SWFC I | | | |
| ADDRESS OF CILLED DILL FORM | | | |
| BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY PRINCIPAL BUSINESS ACTIVITY | state Invastments | .027 | |
| POSITION HELD M | | | |
| I OWN MORE THAN A 5% | | | |
| INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST PATRO | Inican 6 | | |
| OWNERSHIP INTEREST PX Fra | 10C571 (| | |
| IF ANY OF PARTS A THROUGH | F ARE CONTINUED ON A SEPARATE SHE | EET, PLEASE CHECK HERE | |
| SIGNATURE: DATE SIGNED: | | | |
| Momen | | 1-26-06 | |
| | | | |
| FILING INSTRUCTIONS: | | | |
| TIDITO INSTRUCTIONS. | | | |
| WHAT TO FILE: | WHERE TO FILE: | M very one leaving office as employment | |
| After completing all parts of this form on | Local officers: file with the Supervisor of | If you are leaving office or employment during the first half of 2006, you may not | |
| pages 1 and 2, including signing and dating Elections of the county in which you perma- have filed Form 1 for 2005. In that case, it, send back only the first sheet for filing (you nently reside. (If you do not permanently reside this is not the last form you will file, even | | | |
| need not return any of the instruction pages). in Florida, file with the Supervisor of the county though the Form 1F covers the final portion where your agency has its headquarters.) though the Form 1F covers the final portion of your term of office or employment. You | | | |
| · | State officers or specified state employ- | will be required to file Form 1 for 2005 by July 1 of 2006. | |
| WHEN TO FILE: ees: file with the Commission on Ethics, P.O. At the end of office or employment each Drawer 15709, Tallahassee, FL 32317-5709; | | | |
| local officer, state officer, and specified state physical address: 3600 Maclay Boulevard, South, Sutie 201, Tallahassee, FL 32312. | | | |
| form (Form 1F) within 60 days of leaving office or employment, unless you take another position | | | |
| tion within the 60-day period that requires you | falls under, see the "Who Must File" Instructions on page 3. | | |

NOTE: