| FORM 1   | STATEM                  | ENT OF  |  | 2007     |  |  |  |
|--|-------------------------|---|--|----------|--|--|--|
| Please print or type your name, mailing address, agency name, and position below:  |                         |   |  |          |  |  |  |
| LAST NAME - FIRST NAME - MIDDLE N<br>STOKES<br>MAILING ADDRESS :   | ame:<br>cky L           | FOR O   |  |          |  |  |  |
| 5100 S Cleveland the 5k 318-321  |                         |   | ID Code  |          |  |  |  |
| CITY: FORT MYERS NAME OF AGENCY:   | zip: county:<br>33907 / | LE E  | ID Code  ID No.  ID No.  |          |  |  |  |
| NUISANCE ABATEMENT   |                         |   | Conf. Code   | 77 SDE   |  |  |  |
| NAME OF OFFICE OR POSITION HELD  | OR SOUGHT:              |   | P. Req. Code   |          |  |  |  |
| You are not limited to the space on the lines CHECK ONLY IF CANDIDATE OF   |                         | •   |  | PDF 2007 |  |  |  |
| **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, 2007  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  OR  DOLLAR VALUE THRESHOLDS  PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  NAME OF SOURCE  OF INCOME  SOURCE'S  DESCRIPTION OF THE SOURCE'S  PRINCIPAL BUSINESS ACTIVITY  AMUSE OF SOURCE  OF INCOME  MIMMI HUMAN AMUSE FMAR PROPERM MICHARDAR  AMUSHUMN AMUNES  MIMMI HUMAN PROPERM  PLOT |                         |   |  |          |  |  |  |
|  |                         |   | of income to businesses owned by the reporting person]  RESS PRINCIPAL BUSINESS  DURCE ACTIVITY OF SOURCE  |          |  |  |  |
| PENSONAL NEWARD  | 11198 -11190            |   | EVELAND 1  | ZENTAL   |  |  |  |
|  |                         | BZON COLLEGE  | Play 1   | 2 ENTAR  |  |  |  |
|  |                         |   |  |          |  |  |  |
| PART C-REAL PROPERTY [Land, buildings owned by the reporting person]  11138-1196 CLEVELAND ALL FT MYUS ZL 3390  BZOO COLLEGE PLWY FM FL 33 919  1226 SW 50 TH ST, CC, FL 339 14  |                         |   | 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. |          |  |  |  |
| 1230 SW 50 \$ ST ,   | 14<br>41 1/14 21 32 21  | 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 |                 |  |                       |         |                    |          |  |  |
|--|-----------------|--|-----------------------|---------|--------------------|----------|--|--|
| A. G. COWANDS  |                 | ARLI                                     |                       |         |                    | Ř        |  |  |
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|  |                 |  |                       |         |                    | 開        |  |  |
| DADTE LIADUITEO Major  | debtel          |  |                       |         |                    | ro e     |  |  |
| PART E — LIABILITIES [Major debts]  NAME OF CREDITOR   |                 | ADDRESS OF CREDITOR                      |                       |         |                    |          |  |  |
| COLONIAL BANK  |                 | 8 1118B-1196 CLEVELAND ALE, FM, FC 3391K |                       |         |                    |          |  |  |
| RED CAPITAL  |                 | 8200 Lovelet PLNY, FM, PL 33919          |                       |         |                    |          |  |  |
| Homecominas  | FINANCIAL       |  |                       |         |                    |          |  |  |
|  |                 |  |                       |         |                    |          |  |  |
|  |                 |  |                       |         |                    |          |  |  |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]   |                 |  |                       |         |                    |          |  |  |
| BUSINESS ENTI  |                 | ITY#1                                    | Y#1 BUSINESS ENTITY#2 |         | BUSINESS ENTITY #3 |          |  |  |
| NAME OF<br>BUSINESS ENTITY   | RLS + ASSOCIANS |  | EQUITY                | MGT. ST | UTTO               |          |  |  |
| ADDRESS OF<br>BUSINESS ENTITY  | 5100 S,CLE      | BIAND AN                                 | 8200 S.C              |         |                    |          |  |  |
| PRINCIPAL BUSINESS<br>ACTIVITY   | NEAR ESTA       |  | r coss/m              | 1716ADM |                    |          |  |  |
| POSITION HELD<br>WITH ENTITY   | DWNG            |  | OWNE                  |         |                    |          |  |  |
| I OWN MORE THAN A 5%<br>INTEREST IN THE BUSINESS   | YES             | 100%                                     | 483                   |         |                    |          |  |  |
| NATURE OF MY<br>OWNERSHIP INTEREST   | 100%            | ,<br>2                                   | 00060                 |         |                    |          |  |  |
| IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE   |                 |  |                       |         |                    |          |  |  |
| SIGNATURE (required):  DATE SIGNED (required):   |                 |  |                       |         |                    |          |  |  |
| 11/1/4   | <b>-</b> C.     | 8-21-08                                  |                       |         |                    |          |  |  |
|  |                 |  |                       |         |                    |          |  |  |

### 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.

# **FILING INSTRUCTIONS:**

### 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.

RLS and Associates 5100 South Cleveland Ave. Suite 318 - Fort Myers, FL 33907 MIC 22 2008 . M FODT MIVED TL 339 Superviser of Elections 33902