FORM 1	STATEN	2007					
Please print or type your name, mailing address, agency name, and position below:] FINANCIAI	INTERESTS	S				
LAST NAME FIRST NAME MIDDLE WILLIAMS KEVIN · MAILING ADDRESS :		FOR OU	NLY:				
1500 herson STF							
FALT MYERS FC	Æ	ID Code ID No. ID No.					
NAME OF AGENCY :			iD № [2] 4 ໘				
DIT OF F.MEP	SORVATI IN OR MISSION						
BONTO MEMBER	500	- 2007 Form 1					
You are not limited to the space on the lines CHECK ONLY IF CANDIDATE C	Lee	Co Historic PDF 2007					
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): Image: December 31, 2007							
PART A PRIMARY SOURCES OF INC NAME OF SOURCE OF INCOME	he reporting person] IRCE'S IRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
BSON ARCOHIDEDS INC	W ARCOHITETS INC 1500JACKEDNET. FT. MUERS.						
		and other sources of income to ADDRESS OF SOURCE	Devinesses 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 flie 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 file are described on page 6.					

PART D INTANGIBLE PERSO TYPE OF INTANG		ocks, bonds, certific		TY TO WHIC	<u>-1 THE</u> F	PROPERTY RELATES			
WHERE KRANTPOS			- · · · · · · · · · · · · · · · · · · ·						
ABBOOKS		PBBAN ARENA 2053							
			•						
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS OF CREDITOR							
FLOPIDA GUE BANK		IST STREET. FT. MEERS FLORINM							
	<u>.</u>								
·····									
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]									
	BUSINESS EI		BUSINESS	ENTITY # 2		BUSINESS ENTITY # 3			
NAME OF BUSINESS ENTITY	BSSAN ARCHITEOTS INC.		RZ92 FINSTST. UP						
ADDRESS OF BUSINESS ENTITY	1200 JACKSON STREET.		2292 H \$ 5T	STREET	FM	· ·			
PRINCIPAL BUSINESS ACTIVITY	APRILIDECANLE		PROPERTON OWNER						
POSITION HELD WITH ENTITY	VICEPRESIDENT		hopedderai .						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Tes		YES						
NATURE OF MY OWNERSHIP INTEREST	Stocktopper		PATRINER						
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE									
SIGNATURE (required):						:: :::::::::::::::::::::::::::::::::::			
FILING INSTRUCTIONS:									
After completing all parts of this form, including if signing and dating it, send back only the first of 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.		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- ment. Appointees who must be confirmed by					
section, you must write "none" or "n/a" in that section(s).		Local officers/employees file with the Supervisor of Elections of the county in which they perma- nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)		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					
NOTE: S		State officers or specified state employees file with the Commission on Ethics, P.O. Drawer		must file at the same time they file their qualifying papers.					
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.

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.

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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.