

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

WILSON R. REED

MAILING ADDRESS :

2213 ANDREA LN

FOR OFFICE USE ONLY:

ID Code

ID No

Comm Code

P. Re Code

UNSIGN

*101107PM10235NE Lee Co FL

CITY :

FT MYERS

ZIP :

33912

COUNTY :

LEE

NAME OF AGENCY :

LEE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MEMBER OF BOARD OF ADJUSTMENTS & APPEALS

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****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, 2009 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] (If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
WHOLESALE SOLAR SUPPLY INC	2213 ANDREA LN, FM, FL 33912	DISC OF SOLAR EQUIP
CAZOROX LLC	"	MFG OF POOL HEATERS
COMFORT TEMP INC	"	ENERGY CONSERVATION
SOLAR INVESTMENTS	"	REAL ESTATE RENTAL PROF

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

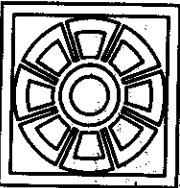
PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] (If you have nothing to report, you must write "none" or "n/a")

PLAZA AT GLADIOLUS PASSAGE 9670 GLADIOLUS FM, FL
SOLAR INVESTMENTS 2213 ANDREA LN, FM, FL
15551 NALLE RD NEM, FL 33909

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.

OTHER FORMS you may need to file are described on page 6.



**AQUATHERM
POOL HEATING SUPPLY**

2213 ANDREA LANE, SUITE 108
FORT MYERS, FLORIDA 33912

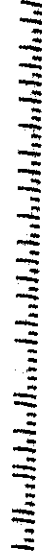


FORT MYERS FL 339

06 JUL 2010 PM 2 T

LEE COUNTY ELECTIONS OFFICE
P.O. BOX 2545
FT MYERS, FL 33902

3390232545



10 JUL 07 PM 10 25 NE Lee Co FL