

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: <u>105545129</u> <u>MYERS WILLIAM DANL</u>		NAME OF REPORTING PERSON'S AGENCY: <u>HIST PRES BD</u>
MAILING ADDRESS: <u>10925 SW 186 CIR</u> <u>DUNNELLON FL 34431 MARION</u>		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3) <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY:	ZIP:	COUNTY:

RECEIVED  
 2008 JAN -9 AM 11:02  
 SUPERVISOR OF COLLECTIONS  
 MARION COUNTY, FLORIDA

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2007 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 4/07 11/9/07, 2007. (Date must be prior to 12/31/07)

**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 ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<u>Wm. D. Myers DDS</u>	<u>20491 #11 THE GRANADA</u>	<u>DUNN, FL      DDS</u>
<u>GRUMBLES HOUSE</u>	<u>20799 WALNUT ST D/FL</u>	<u>RETAIL</u>

**PART B — SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by reporting person]

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

**PART C — REAL PROPERTY** [Land, buildings owned by the reporting person]

<u>10925 SW 186 CIR / 20799 WALNUT ST</u>
<u>20601 W PENN / 20602 WALNUT ST</u>
<u>11868 N 0410 / 20901 WALNUT ST</u>
<u>ALL DUNNELLON FL</u>

**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.

105545129

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
RENTAL EQUIP INVENTORY	Wm D. MYERS DDS GRUMBLES HOUSE, INC

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
M.L. MUDGETT	795 HARLEY PERRY Rd ZIONVILLE N.C.

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Wm D. MYERS DDS	GRUMBLES HOUSE	Rental Real
ADDRESS OF BUSINESS ENTITY	20491 # 11 The GRANADA	20799 WALNUT ST	STATE
PRINCIPAL BUSINESS ACTIVITY	DDS	RETAIL	(see Reverse)
POSITION HELD WITH ENTITY	OWNER	OWNER	
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%	100%	
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE:

DATE SIGNED:

### FILING INSTRUCTIONS:

**WHAT TO FILE:**

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

**WHEN TO FILE:**

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

**Local officers:** file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**NOTE:**

If you are leaving office or employment during the first half of 2007, you may not have filed Form 1 for 2006. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2006 by July 1 of 2007.

# FORM 1 F RECEIVED FINAL STATEMENT OF FINANCIAL INTERESTS

2007

2008 MAR 13 AM 10:23  
 (TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME - FIRST NAME - MIDDLE NAME: <b>MYERS WILLIAM DAN</b>		NAME OF REPORTING PERSON'S AGENCY: <b>HIST PRES BD</b>
MAILING ADDRESS: <b>10925 SW 186 CIR</b> <b>DUNNELLON FL 34431 MARION</b>		CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 5) <input checked="" type="checkbox"/> LOCAL OFFICER <input type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE
CITY:	ZIP:	LIST OFFICE OR POSITION HELD:

RECEIVED  
 2008 JAN 19 AM 11:02  
 SUPERVISOR OF COLLECTIONS  
 MARION COUNTY, FLORIDA

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2007 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 11/07 11/9/07, 2007. (Date must be prior to 12/31/07)

**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 ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Wm. D. Myers DDS	20491 #11 THE GRANADA DUND, FL	DDS
GRUMBLES HOUSE	20799 WALNUT ST D/FL	RETAIL

**PART B - SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by reporting person]

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

**PART C - REAL PROPERTY** [Land, buildings owned by the reporting person]

10925 SW 186 CIR / 20799 WALNUT ST
20601 W PENN / 20602 WALNUT ST
11868 N OHIO / 20901 WALNUT ST
ALL DUNNELLON FL

**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.

105545129

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

RENTAL EQUIP  
INVENTORY

Wm D. MYERS DDS  
GRUMBLES HOUSE, INC

**PART E — LIABILITIES** [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

M. L. MUDGETT

795 HARLEY PERRY Rd ZIONVILLE N.C.

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Wm D. MYERS DDS	GRUMBLES HOUSE	Rental Real
ADDRESS OF BUSINESS ENTITY	20491 #11 The GRANADA	20799 Walnut ST	ESTATE
PRINCIPAL BUSINESS ACTIVITY	DDS	RETAIL	(see Reverse)
POSITION HELD WITH ENTITY	OWNER	OWNER	
DO I OWN MORE INTEREST	100%	100%	
NATURE OF OWNERSHIP			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE: 

DATE SIGNED: 3/3/08

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

**WHEN TO FILE:**

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**

**Local officers:** file with the Supervisor of Elections of the county in which you 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.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**NOTE:**

If you are leaving office or employment during the first half of 2007, you may not have filed Form 1 for 2006. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2006 by July 1 of 2007.