

**ORIGINAL**

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2006

### Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

TG331-05-0-R  
 Yamato and Congress Chevron  
 801 Yamato Road  
 Boca Raton, FL 33431-4423  
 Docket No. 050644-TC (Isler)

**FOR PSC USE ONLY**

Check # 10715  
 \$ 50.00 06-03-001  
 003001  
 \$ 5.00 P 06-03-001  
 004011  
 \$ 1.00 I  
 Postmark Date 10-14-05  
 Initials of Preparer RF

595 OCT 20 2005

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) \_\_\_\_\_ (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip) \_\_\_\_\_

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( <u>0</u> )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>5.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>1.00</u>
8.	Extension Payment Fee (see "4. Extension" on back)	<u>0</u>
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$50.00)</b>	\$ <u>51.00</u> <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

OMP \_\_\_\_\_ (1) These amounts must be in-state only and must be verifiable (see "2. Fees" on back).  
 COM \_\_\_\_\_ (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

CTR \_\_\_\_\_ I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 827.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

GCL \_\_\_\_\_ [Signature] \_\_\_\_\_ PREs \_\_\_\_\_ 10/14/05  
 (Signature of Company Official) (Title) (Date)

DPC \_\_\_\_\_ Telephone Number (561) 988-0993 Fax Number (561) 988-3077

RCA \_\_\_\_\_ (Preparer of Form - Please Print Name) F.E.I. No. 59 - 2128615

SGA \_\_\_\_\_ PSC/CMP 026 (Rev. 01/05)

SEC 1  
 OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

10156 OCT 20 05

FDSP-COMMISSION CLERK