

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

TG818-05-0-R
 Coinucopia, Inc.
 878 Cloverleaf Blvd. 06000-PU
 Deltona, FL 32725-8179

FOR PSC USE ONLY

Check # 5957

\$ 50.00 06-03-001 003001

\$ _____ P 06-03-001 004011

\$ _____ I

Postmark Date 12-24-05

Initials of Preparer PT

FINAL Report please cancel license!

DEPOSIT DATE

Please Complete Below If Official Mailing Address Has Changed

606 JAN 04 2006

Records

 (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 ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (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>-0-</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>-0-</u>
8.	Extension Payment Fee (see "4. Extension" on back)	<u>-0-</u>
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>50</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>-0-</u>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(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.

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 837.06, 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.

[Signature] (Signature of Company Official) *Pres* (Title) *12/21/05* (Date)

 (Preparer of Form - Please Print Name) Telephone Number (_____) Fax Number (_____) DOCUMENT NUMBER-DATE

F.E.I. No. _____ 00056 JAN-4 06