

060012-TC

Records

# Pay Telephone Service Provider Regulatory Assessment Fee Return

# ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS: 8524

- Actual Return
- Estimated Return
- Amended Return

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

TH024-05-0-R  
 Juliette Powell  
 264 Tulip Blvd.  
 Port St. Lucie, FL 34953-6255

DEPOSIT DATE  
606 JAN 04 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1257  
 \$ 50.00 06-03-001  
 003001

\$ \_\_\_\_\_ P 06-03-001  
 004011

\$ \_\_\_\_\_ I

Postmark Date 12-27-05  
 Initials of Preparer PT

Request of  
amendment  
fee attached

(Name of Company)

(Address)

(City/State)

(Zip)

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

(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 of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number ( )

Fax Number ( )

F.E.I. No. \_\_\_\_\_

DOCUMENT NUMBER-DATE

00058 JAN 4 '06

Juliette Powell  
264 SW Tulip Blvd  
Port St. Lucie FL 34953

12-27-05  
Florida Public Service Commission,

Dear Sir or Madam,

This letter is to request a cancellation of my Florida Payphone Certificate. Your cooperation in taking care of this matter as soon as possible will be greatly appreciated. Thank you in advance.

Sincerely

Juliette Powell

Juliette Powell