

ORIGINAL

\$53.00

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

*Called 2/24/06
 11:35 A.M.*

GOT Recordings

TH014-05-0-R
 Pollack Enterprises, Inc.
 P. O. Box 1492
 Edgewater, FL 32132-8492

632 MAR 01 2006

Please Complete Below if Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1062
 \$ 50.00 06-03-001
 003001
 \$ 2.50 06-03-001
 004011
 \$ _____
 Postmark Date 22 MAR -1 AM 9:12
 Initials of Preparer _____

RECEIVED - PSC
 COMM. CLERK

POLLACK ENTERPRISES INC 1595 E. MINNESOTA AVE DELAND FL 32724

(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>
CMP <u>3.</u>	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾	(<u>0</u>)
COM _____	(see "2. Fees" on back)	
CTR <u>4.</u>	TOTAL REVENUES for Regulatory Assessment Fee Calculation	\$ <u>0</u>
ECR _____	(Line 2 less Line 3)	
GCL <u>5.</u>	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	\$ <u>0</u>
OPC <u>6.</u>	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
RCA <u>7.</u>	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
SCR _____		
SGA <u>8.</u>	Extension Payment Fee (see "4. Extension" on back)	_____
SEC <u>9.</u>	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ _____ (2)
OTH <u>10.</u>	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

060170-TC

(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.

Edward Pollack (Signature of Company Official) _____ (Title) _____ (Date) _____

Edward Pollack (Preparer of Form - Please Print Name) Telephone Number (386) 295-1530 DOCUMENT NUMBER-DATE

F.E.I. No. _____ **01741 MAR-1 08**

2/24/06

TO whom it may concern:

I Edward Pollack called 850-413 6267 today about the fee for pay telephones. I spoke to a gentleman who told me I owed 53.00 because I am late in paying this fee. I am including a check for that amount.

I am out of the pay phone business at this time, and have been out of business for about six months. Please discontinue this service for me.

Thank you
Edward Pollack
386-295 1530

2006 FEB 27 AM 9:51
DISTRIBUTION CENTER

Edward & Carrie Pollack
1595 E. Minnesota Ave.
Deland, FL 32724