

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

11/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

TG786-05-0-R
 Cozy Court Motel
 407 Woodland Avenue
 Lakeland, FL 33801-3043

DEPOSIT DATE
 671 AUG 08 2006

060465

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 2121

\$ 50.00 06-03-001
003001

\$ 12.50 P 06-03-001
004011

\$ 3.50 I

Postmark Date 8-3-06
 Initials of Preparer ST

RECEIVED
 AUG - 8 AM 3:13
 COMMISSION CLERK

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

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

(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) OWNER 7-23-06
 (Title) (Date)

SURSHI PATIL
 (Preparer of Form - Please Print Name)

Telephone Number 865 665 4174 Fax Number ()

F.E.I. No. _____ DOCUMENT NUMBER-DATE
 07133 AUG-8 06