TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED O

TH041-06-0-R

STATUS:

Actual Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

Pay Telephone Service Provider Regulatory Assessment Recurre FPSC

	PERIOD 01/01/2006	COVERED: TO 12/31/2006	Candy Fawley 414 Valley Drive Lehigh, FL 3393 Docket No. 0604	6-7310		s CLE S \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RK E O p O 1	003001 06-03-001 004011
		(Name of Company)		(Address)		(City/State)		(Zip)
CMP COM CTR ECR	LINE NO.	C	ANCEL account cl	THIS ASSIFICATION	PIEASI		AMOUN	IT
	1.	Gross Operating Revenue (Florida) I have no business \$						
	2.	~						
	3.	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)						ì
	-4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) \$ \[\lambda(6.50)						50
GCL OPC	5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)						
RCA	6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)						
SCR SGA SEC	-7	Interest for Late Payment (see "3. Failure to File by Due Date" on back)						
	1 8.	Extension Payment Fee (see "4. Extension" on back)						
отн	9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)						
	10. Number of pay telephones in operation at close of period covered by this Return							
-		(1) These amounts must be (2) Regardless of the gross Section 364.336, Florid	operating revenue of a cor	e verifiable (see "2. Fees npany, a minimum annua	" on back). al regulatory assessment fee	UZ PAU of \$50 shall be impo	Sed as provided	d ín
į	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.							
-	W	(Signature of Company	Official)		(Title)	<u></u> 	5-7-06 T NUMBER)-DATE
-	(Pr	enarer of Form - Please	Print Name)	Telephone Number	()	Fax Mumber	56 AUG	<u>-9 %</u>
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