

060465

674 AUG 17 2006 TG431

CHK# 2001

Raquel Tully

From: Paula Isler  
Sent: Wednesday, August 16, 2006 10:57 AM  
To: Raquel Tully  
Subject: RE:

Chk # 200.00 T. Fund  
300.00 fine  
8-14-06  
RT

1. TG431 is Palm-Tel Communications, Inc. Please deposit \$116 for 2005 (\$66) and 2006 (\$50) RAFs and late payment charges as you normally would. Please deposit \$200 in the PSC Trust Fund for collection costs and \$300 in the General Revenue Fund. Please provide Records proof of payment for Docket No. 060465-TC.

Raquel, did TG431 include a letter requesting cancellation since they paid 2006?

2. TJ930 is Straightel, Inc. Please deposit \$200 in the PSC Trust Fund for collection costs and \$300 in the General Revenue Fund. Please provide Records proof of payment for Docket No. 060466-TI.

From: Raquel Tully  
Sent: Wednesday, August 16, 2006 10:36 AM  
To: Paula Isler  
Subject:

Here are the Raf payments/ settlements have received as of now

TG431 616.00( Raf forms for 05 and 06 came with this)  
Straightel, inc \$500.00

Thanks, at least things are slowing down a little.

RECEIVED--FPSC  
06 AUG 16 PM 4:10  
COMMISSION  
CLERK

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC 1
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

07369 AUG 16 g

FPSC-COMMISSION CLERK

# 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

**PERIOD COVERED:**  
01/01/2006 TO 12/31/2006

*Paula + Records*

TG431-06-0-R  
 Palm-Tel Communications, Inc.  
 1803 South Australian Avenue, Suite A  
 West Palm Beach, FL 33409-6454  
 Docket No. 060465-TC  
 674 AUG 17 2006

**FOR PSC USE ONLY**

Check # 2001  
 \$ 50.00 06-03-001  
 003001  
 \$ \_\_\_\_\_ E  
 \$ ~~1000000~~ P 06-03-001  
 004011  
 \$ ~~1000000~~ I  
 Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

Please Complete Below If Official Mailing Address Has Changed

*Palm Tel Comm Inc* 1803 South Australian Ave West Palm Beach 33409  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
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>66</u> <sup>(2)</sup>
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]* \_\_\_\_\_ *[Title]* \_\_\_\_\_ *8/10/06* \_\_\_\_\_  
 (Signature of Company Official) (Title) (Date)

Telephone Number 561-686-5377 Fax Number 561-686-5121  
 (Preparer of Form - Please Print Name)

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

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

*Paula Records*

(See Filing Instructions on Back of Form)

TG431-05-0-R  
 Palm-Tel Communications, Inc.  
 1803 South Australian Avenue, Suite A  
 West Palm Beach, FL 33409-6454  
 Docket No. 060465-TC DATE  
 674 AUG 17 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 2001

\$ 50.00 06-03-001  
003001

\$ 12.50 P 06-03-001  
004011

\$ 3.50 I

Postmark Date 8-14-06  
 Initials of Preparer PR

*Paula Tel Comm* (Name of Company) 1803 So Aust Ave (Address) West Palm Beach (City/State) 33409 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>50.00</u>
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	<u>5</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/office 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) *[Signature]* (Title) 8/10/06 (Date)

(Preparer of Form - Please Print Name) Telephone Number 561 686 5377 Fax Number 561 686 5121

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