

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date:	1/3/2007	Docket No.:	070016-TC
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1. Division Name/Staff Name:	Division Of Competitive Markets & Enforcement/Isler
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2. OPR:	Division Of The Commission Clerk And Administrative Services
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3. OCR:	Office Of The General Counsel
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4. Suggested Docket Title:	Request for cancellation of PATS Certificate No. 8327 by Dead Fish, Inc., effective December 31, 2005.
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5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

2. Interested persons and their representatives (if any):

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

00075 JAN-30

Pay Telephone Service Provider Regulatory Assessment Fee Return **SCANNED**

Florida Public Service Commission

STATUS:
 Actual Return
 Estimated Return
 Amended Return

(See Filing Instructions on Back of Form)

TG947-05-0-R
 Dead Fish, Inc.
 2817 Indian Pass Road
 Port St. Joe, FL 32456-7835

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

nonnye

FOR PSC USE ONLY

Check # 750
 \$ 50.00 06-03-001 003001
 \$ _____ P 06-03-001 004011
 \$ _____ I
 Postmark Date 1-10-06
 Initials of Preparer RF

DEPOSIT DATE
 6 0 9 JAN 1 4 2006

Please Complete Below If Official Mailing Address Has Changed

DEAD FISH INC 58 LAKE POINTE DR SEASIDE BCH FL 3245
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	Extension Payment Fee (see "4. Extension" on back)	0
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ 50.00
10.	Number of pay telephones in operation at close of period covered by this Return	0

(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.

Mary Pentel Sec Treas 7-10-06
 (Signature of Company Official) (Title) (Date)
MARY PENTEL
 (Preparer of Form - Please Print Name)
 Telephone Number (850) 231-6991 Fax Number (850) 231-6991

F.E.I. No. 59-3431077

PSC/OMP 026 (Rev. 01/05) **Business closed 8-15-05**

Paula Isler

From: Paula Isler
Sent: Tuesday, January 02, 2007 2:17 PM
To: David Brown
Subject: TG947 - Dead Fish, Inc.

Hey David. Happy New Year!!

This company returned its 2006 RAF return with no check and wrote "business closed 8-15-05" under Line 10. I called her and explained since we were not notified in 2005, then she owes the 2006 RAF. Mary Pentel with the company called back and advised me that she was looking at her 2005 RAF return and that she had written the same thing on the 2005 return and highlighted it in yellow. She asked if I was looking at the original or a scanned copy because it was on her copy. I am looking at the scanned copy of the 2005 return in RAF System and do not see the note. Is there a way I can look at the original?

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check #	<u>750</u>
\$ <u>50.00</u>	06-03-001 003001
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date	<u>1-10-06</u>
Initials of Preparer	<u>RF</u>

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

TG947-05-0-R
 Dead Fish, Inc.
 2817 Indian Pass Road
 Port St. Joe, FL 32456-7835

609 JAN 11 2006

Please Complete Below If Official Mailing Address Has Changed

nonnye

DEAD FISH INC (Name of Company) 58 LAKE POINTE DR SEAGROVE BCH FL 32459 (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(<u>0</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
8.	Extension Payment Fee (see "4. Extension" on back)	<u>0</u>
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>50.00</u> ⁽²⁾
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.

Mary Pentel (Signature of Company Official) sec treas (Title) 1-10-06 (Date)

MARY PENTEL (Preparer of Form - Please Print Name) Telephone Number (850) 231-6991 Fax Number (850) 231-6991

F.E.I. No. 59-3431077

Pay Telephone Service Provider Regulatory Assessment Fee Return

NO CHECK!

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

(See Filing Instructions on Back of Form)

TG947-06-0-R
 Dead Fish, Inc.
 58 Lake Pointe Drive
 Seagrave Beach, FL 32459-6736
 ANNO: 49
 DIVISION OF
 COMPETITIVE SERVICES

FOR PSC USE ONLY

Check # _____

\$ _____ 06-03-001
003001

\$ _____ E

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	Extension Payment Fee (see "4. Extension" on back)	0
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ 0 ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return Business closed 8-15-05	0

(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.

Mary Plutal Sec Treasurer 12-19-06
 (Signature of Company Official) (Title) (Date)

(Preparer of Form - Please Print Name) Telephone Number (850) 231-6991 Fax Number (850) 231-6991

F.E.I. No. _____

MCD Company Information for TG947

Printed on 01/03/2007 at 08:43:34 by PJI

Company Code: TG947
Complete Name: Dead Fish, Inc.
Mailing Name: Dead Fish, Inc.
Certificate No(s): 8327
Status: Active
Regulation Date: 05/09/2003
Bankruptcy: No
Company Liaison #1: Mary Pentel
Title: Owner
Mailing Address: 58 Lake Pointe Drive

Physical Location: Seagrove Beach, FL 32459-6736
58 Lake Pointe Drive

Phone: Seagrove Beach, FL 32459-6736
(850) 231-6991
Fax: (850) 231-6991

Related Dockets:
030275-TC Application for certificate to provide pay telephone service by
Dead Fish, Inc.