REQUEST TO ESTABLISH DOCKET (Please Type)							
Date:	1/3/2007		Docket No.:	070016-TC			
1. Divisio	n Name/Staff Name:	Division Of Competitive M	arkets & Enforcer				
2. OPR:	Division Of The Comm	nission Clerk And Administr	ative Services				
3. OCR:	Office Of The General Counsel						
4. Sugges		equest for cancellation of ecember 31, 2005.	PATS Certificat	e No. 8327 by Dead Fish, Inc., effective			
 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 re	presentatives (if any):					
	,						
2	. Interested persons	and their representatives	(if any):				
		·					
	·						
6. Check	one:						
☑ Documentation is attached.							
Documentation will be provided with recommendation.							
				DOCUMENT RUMBER-DATE			

	ephone Service Provider Regulatory Asse Phone Service Provider Regulatory Asse	
Marijani da	Florida Public Service Commission	FORPSEUSEONLY
STATUS:	(See Filing Instructions on Back of Form) TG947-05-0-R	Check# 750
Actual Return Estimated Return	Dead Fish, Inc.	\$ 50.00 06.03 2 0 0030
Amended Return	2817 Indian Pass Road	\$ P
PERIOD COVERED:	Port St. Joe, FL 32456-7835	06-03-0
01/01/2005 TO 12/31/2005	LE-USIT DAT	\$
of the same of the	609 JAN 1 4 2086 L	Postmark Date, 7-10-0, 4
nunnae		Initials of Preparer 27
in V	Please Complete Below If Official Mailing Address Has Chang	ed Property Company
DEAD RSWILL	A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	DESSYONE BCL PL 3.
(Name of Company)	(Address)	(Zip)
EINF		
No.	ACCOUNT CLASSIFICATION	AMOUNT
Mary Area Arian		
経験 所に こうちょう コインス・アイ・アダスアング (15g) - サインド (1479年) (15g) - アインストランス (1579年)	g Revenue (Florida)	**************************************
🐠 2 - Gross Intrastate	Revenue	Service Colore
v 3. TESS Amount	s Paid to Other Telecommunications Companies (
(see "2. Fees" o	n-back)	
4: TOTALREYE	NUES for Regulatory Assessment Fee Calculat	fiðn ** *
(Line 2 less Lin		apparents <u>Un</u>
S Downlotome Again	Applead The Dog Octo	
(1886年) 1917年 - 1918年 -	essment Fee Due - (Militiply Line 4 by 0.0020)	
Penalty for Late	Payment (see "3 Hailure to File by Due Date" on	back)sg Vir. 14. (**)
4 7 Interest for Cate	Payment (see "3. Failure to Fife by Due Date" on	
Contract to the second		
🎎 🎖 : Extension Paym	ent Fee (see 44, fixtension" on back)	3. 3. 3. 3. 3. 3. 4. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
* 9 TOTAL ÂMOI	INT DUE (MINIMUM:850.00)	THE STATE OF THE S
		and the second of the second o
this Return	elephones in operation at close of period covered.	by.
(1) These amounts mus	t be <u>intrastate only and must be verifiable (see "2. Fees" on back).</u> oss operating revenue of a company, a minimum annual regulatory assessn	The APTSO VIOLISE TO A STATE OF A POUNT AND THE STATE OF THE APPLICATION OF THE STATE OF THE APPLICATION OF
Section 364.336, File	orida Statutes	
A Jahle understance owner/office	of the above-named company, have read the foregoing and declare tha	kior the hear of the University and Leitanghe and
iformation is a true and correct stater	rent: I am avare that pursuant to Section 837.06, Florida Stanties, which the performance of its official duty shall be guilty of a musdemeanor of th	zerknowingly makes a false statement in writing wi
La Marie II	The surface of the su	
Signature of Compar	Komen (man)	(Date)
10 N N 10 N 10 N	Le Luis de la madeixa de la companya	6991-15241into-1856)
(Preparer of Form - Pleas	reference number (002/3/5)	Tax rumber (8-02.) 115) 122
	FELNO 59- 34 31	ONLY THE STATE OF
	F.E.D.NO. 2317 971 5312	

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

FOR PSC USE ONLY

		Florida Public Service Commission	FOR PSC USE ONLY				
STATUS:		(See Filing Instructions on Back of Form)	Check #				
	al Return	TG947-05-0-R	\$ 50.00 06-03-001				
	nated Return	Dead Fish, Inc.	003001				
Ame	nded Return	2817 Indian Pass Road	\$P				
PERIOD	COVERED	Port St. Joe, FL 32456-7835	06-03-001 004011				
PERIOD COVERED: 01/01/2005 TO 12/31/2005		ma the could be could be	\$1				
nonnye		6 0 9 JAN 1 4変ぬし	Postmark Date 1-/0-0 4				
		Please Complete Below If Official Mailing Address Has Changed	Initials of Preparer				
100		Carry Orale Ac Som	0. 0.1 [7] 3011				
1)71	(Name of Company)	(Address)	City/State) BCL FL 324.				
	(
LINE							
NO.		ACCOUNT CLASSIFICATION	AMOUNT				
1.	Gross Operating Revenue (Florida) \$						
2.	Gross Intrastate Revenue						
3.	LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)						
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (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.	TOTAL AMOUNT DUE (MINIMUM \$50.00) \$ 50.00						
10.	Number of pay te this Return	lephones in operation at close of period covered by					
		be <u>intrastate only</u> and must be verifiable (see "2. Fees" on back). Is operating revenue of a company, a minimum annual regulatory assessment fee of ida Statutes.	f \$50 shall be imposed as provided in				
7 44	undonsioned or words 600	f the charge married community have mad the forestime and distance that the	age of my Impulades and ballof the character				
information	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.						
1/1/01/1/1/ Sectres 1-10-06							
(Signature of Company Official) (Title) (Date)							
MARY PEW + CL Telephone Number (850) 231-6991 Fax Number 850) 231-699							
(Preparer of Form - Please Print Name) F.E.I. No. 59-3431077							

•	Pay Telephone Service Provider Regulatory Assessment Fee Return Pay Telephone Service Provider Regulatory Assessment Fee Return Pay Telephone Service Provider Regulatory Assessment Fee Return							
			Florida Public Service Commission			FOR PSC USE ONLY		
	STATUS	S:		ee Filing Instructions on Back of F	form)	Check#	\nearrow	
	Actual Return Estimated Return Amended Return PERIOD COVERED: 01/01/2006 TO 12/31/2006		TG947-06-0-R Dead Fish, Inc. 58 Lake Pointe DANdO: 49 Seagrove Beach, FL 32459-6736 EUMPETITIVE SERVICES			\$ E 06-03-001 003001 \$ P 06-03-001 004011		
			Please Complete B	elow If Official Mailing A	ddress Has Changed	Postmark Date Initials of Prepare	г	
		(Name of Company)		(Address)		(City/State)	(Zip)	
	LINE NO.		ACCOUNT C	LASSIFICATION	. •		AMOUNT	
	1.	Gross Operating Revenue (Florida)				\$		
	·	Gross Intrastate Revenue						
	रक न 3 १ र सम्बद्ध की व	3: LESS: Amounts Paid to Other Telecommunications Companies (1) (see "2. Fees" on back)						
	4.							
	5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)						
	6. Penalty for Late Payment (see "3. Fa			Failure to File by I	Oue Date" on back))		
	7.	7. Interest for Late Payment (see "3. Failure to File by Due Date" on back			Oue Date" on back)			
	8.	Extension Paymen	nt Fee (see "4. Ex	tension" on back)		<u>O</u>		
	9. TOTAL AMOUNT DUE (MINIMUM \$			MUM \$50.00)		\$	(2)	
	10.	Number of pay te			riod covered by	15-05	<u> </u>	
		 These amounts must b Regardless of the gross Section 364.336, Florid 	e <u>intrastate only</u> and must s operating revenue of a co	be verifiable (see "2. Fees"		•	ed as provided in	
i	nformation i	s a Marue and correct statemen	nt. /I am aware that nursu	ant to Section 837.06, Flor cial duty shall be guilt pof a	ng and declare that to the rida Statutes, whoever know imisdemeanor of the second	ingly makes a false si	ge and belief the above tatement in writing with	
		(Signature of Company	Official)	Sec Pa	Casurer (Title)	4-75	12-19-06 (Date)	
					(850)231-699	Fax Number	50)231-6991	
	(Pre	eparer of Form - Please	Print Name)	F.E.I. No.				
	D00/01/02	OC (Para Ot (OC)					. —	

MCD Company Information for TG947

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

Company Code:
Complete Name:
Mailing Name:
Certificate No(s):
Status:
Regulation Date:
Bankruptcy:
Company Liaison #1:
Title:
Mailing Address:

TG947 Dead Fish, Inc. Dead Fish, Inc. 8327 Active 05/09/2003

No Mary Pentel

Owner

58 Lake Pointe Drive

Seagrove Beach, FL 32459-6736 58 Lake Pointe Drive

Physical Location:

Phone: Fax:

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

Related Dockets:

030275-TC

Application for certificate to provide pay telephone service by Dead Fish, Inc.