041031-TC

\$118.00

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY
Actual Return Estimated Return Amended Return	TG717-04-0-R Bay Public Communications, Inc. PO Box 27852 Panama City Beach, FL 32411-7852	s 50.00 003001 s P 06-03-001 004011 s I
PERIOD COVERED: 01/01/2004 TO 12/31/2004	Docket No. 041031-TC (Isler)	Postmark Date 12-30-04 Initials of Preparer RT
516 JAN - 4	2005 Please Complete Below If Official Mailing Address Has Changed	

	(Name of Company)	(Address)	(City/State)		(Zip)
LINE		CMP			
<u>NO.</u>	ACCOUNT CLASSIFICATIO	ONCOM		AMOUNT	
1.	Gross Operating Revenue (Florida)	CTR	\$	0	
2.	Gross Intrastate Revenue	ECR		~0-	
3.	LESS: Amounts Paid to Other Telecommunicat	tions Companies* GCL		<u>د</u> ا)
	(see "2. Fees" on back)	OPC			
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation MMS			- 0	
	(Line 2 less Line 3)	RCA		. O)	
5.	Regulatory Assessment Fee Due – (Multiply Lin	SUR .		50%	
6.	Penalty for Late Payment (see "3. Failure to File	by Due Date" on back)SEC		· · · · · · · · ·	
7.	Interest for Late Payment (see "3. Failure to File				
8.	TOTAL AMOUNT DUE		\$_	<u>50°</u>	

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return

-0-

These amounts must be intrastate only and must be verifiable.

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, wheever knowingly makes a false statement in writing with the intent to mislead a public servant in the (performance of his official duy shall be guilty of a misdemeanor of the second degree.

A Signature of Company Official) Ø.

7-1.54 (Date) (Title) Telephone Number 851, 230-5040 275-5090 Fax Number

(Preparer of Form - Please Print Name)

F.E.I. No.

DOCUMENT NUMBER-DATE

00040 JAN-3 8

FPSC-COMMISSION CLERK

PSC/CMP-26 (Rev. 11/11/99)