

ORIGINAL
 041054-TC
 7841 \$118.50

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

TG933-03-0-R
 Laguna Beach Christian Retreat
 20016 Front Beach Road
 Panama City Beach, FL 32413-4429
 Docket No. 041054-TC (Isler)

PERIOD COVERED DATE
 02/19/2003 TO 12/31/2003
 519 JAN 11 2004

FOR PSC USE ONLY	
Check#	025714
\$	50.00 06-03-001
\$	12.50 P 003001
\$	6.00 I 06-03-001
	004011
Postmark Date	1-6-05
Initials of Preparer	RT

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	CMP	AMOUNT
1.	Gross Operating Revenue (Florida)	COM	\$ 0
2.	Gross Intrastate Revenue	CTR	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	ECR	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	GCL	
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	OPC	\$ 0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	MMS	50.00
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	RCA	12.50
8.	TOTAL AMOUNT DUE	SCR	6.00
		SEC	
		OTH	\$ 68.50

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 337.09, 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)
 DAVID E. HAAS
 (Signature of Company Official)

GENERAL MANAGER 1-6-05
 (Title) (Date)

(Preparer of Form - Please Print Name)

Telephone Number 850-234-2507 Fax Number ()

F.B.I. No. 59-2854062

DOCUMENT NUMBER-DATE

00367 JAN 11 04

Pay Telephone Service Provider Regulatory Assessment Fee Return

TOTAL \$ 11850

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

TG933-04-0-R
Laguna Beach Christian Retreat
20016 Front Beach Road
Panama City Beach, FL 32413-4429
Docket No. 041054-TC (Isler)

FOR PSC USE ONLY

Check# 025714

\$ 50.00 06-03-001
003001

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 1-6-05

Initials of Preparer RE

PERIOD COVERED:
01/01/2004 TO 12/31/2004
519 JAN 11 2005

Please Complete Below If Official Mailing Address Has Changed

(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* (see "2. Fees" on back)	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	<u>50.00</u>
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.	TOTAL AMOUNT DUE	\$ <u>50.00</u>

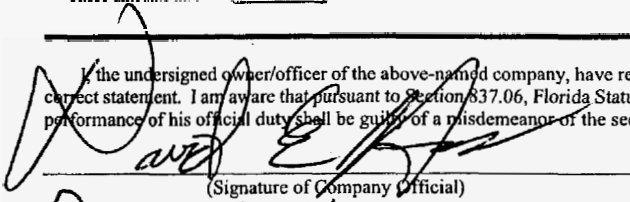
AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

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, 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 of Company Official)

DAVID E HAAS

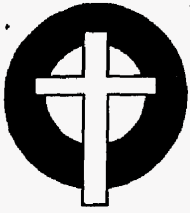
(Preparer of Form - Please Print Name)

GENERAL MANAGER 1-6-05

(Title) (Date)

Telephone Number 850 234-2507 Fax Number ()

F.E.I. No. 59-2854062



Laguna Beach Christian Retreats

20016 Front Beach Road Panama City Beach, Florida 32413

850-234-2502

www.christiancamp.com

laguna@knology.net

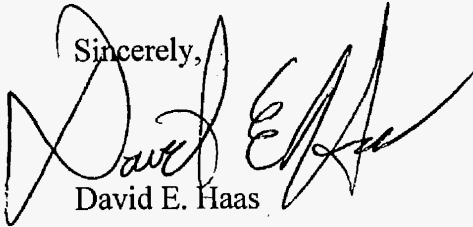
January 6, 2005

State of Florida
Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

To Whom It May Concern,

Please cancel our status as a pay phone operator. I bought a phone, could not get it to work, and have decided not to provide this service for our camp. I have enclosed past due returns with amounts per Paula J. Isler.

Sincerely,



David E. Haas