

050064-TC

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL
Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG087-04-0-R
Daytona Beach (FL) Assembly Hall of Jehovah's Witnesses, I
P. O. Box 9357
Daytona Beach, FL 32120-9357
(P. Isler)

FOR PSC USE ONLY
Check# 4592
\$ 50.00 06-03-001 003001
\$ _____ P 06-03-001 004011
\$ _____ I
Postmark Date 1-24-05
Initials of Preparer PI

PERIOD COVERED:
01/01/2004 TO 12/31/2004

RECORDS ATTACHED PA14

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	\$ <u>0</u>
2.	Gross Intrastate Revenue	CTR	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	ECR	()
		GCL	
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	OPC	\$ <u>0</u>
		MMS	
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	RCA	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	SCR	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SEC	
		OTH	
8.	TOTAL AMOUNT DUE		\$ <u>0</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]
(Signature of Company Official)

Officer (Title) 1/24/05 (Date)

Telephone Number (386) 226 1288 Fax Number (386) 257 9380

(Preparer of Form - Please Print Name)

F.E.I. No. 59 3253333 DOCUMENT NUMBER-DATE

00934 JAN 26 05



DAYTONA BEACH ASSEMBLY HALL OF JEHOVAH'S WITNESSES

January 21, 2005

State of Florida
Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: TG087 Daytona Beach (FL) Assembly Hall of Jehovah's Witnesses, Inc.

To Whom It May Concern:

Please cancel our above referenced certificate as all pay phones were removed from our facility in 2003. Enclosed please find our payment of \$50.00 as required per your letter dated January 7th, 2005.

If this fee is not required due to our having no pay phones last year, please refund said fee to us.

If you have any questions, please feel free to call me at (904) 219-6443.

Sincerely,

Larry Goodwin
Director