

055166-10

Pay Telephone Service Provider Regulatory Assessment Fee Return

TOTAL \$ 103.00

ORIGINAL

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TH003-04-0-R
Jose Benjamin Sanchez
2000 49th Street, S.W.
Naples, FL 34116-5762

DEPOSIT DATE
5 4 2 MAR - 2 2004

FOR PSC USE ONLY	
Check# 1146	
\$ 50.00	06-03-001 003001
\$ 2.50 P	06-03-001 004011
\$.50 I	
Postmark Date 2-24-05	
Initials of Preparer RJ	

PERIOD COVERED:
08/04/2004 TO 12/31/2004

Records

PAIA

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)	\$ N/A
2.	Gross Intrastate Revenue	N/A
CMP	LESS: Amounts Paid to Other Telecommunications Companies*	(N/A)
COM	(see "2. Fees" on back)	
CTR	TOTAL REVENUES for Regulatory Assessment Fee Calculation	\$ N/A
ECR	(Line 2 less Line 3)	
GOL	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	N/A
OPC	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	3.00
NMS	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
RCA	TOTAL AMOUNT DUE	\$ 53.00
SCR		
SEC	AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50	
OTH	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)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number (239) 353-5769 Fax Number ()

F.E.I. No.

DOCUMENT NUMBER - DATE

02233 MAR -3 05

FPSC-COMMISSION CLERK

TH003-05-0-R

TH 003-2005

TOTAL \$ 105.00

CK# 1146

CK# 50.00

JOSE BENJAMIN SANCHEZ

TH003-04-0-R
2000 49TH ST SW
Naples, FL 34116
(239) 353-5769
BSan0323@aol.com

DEPOSIT DATE
5 42 MAR - 2 2005

05 MAR - 1 AM 9:33
POST OFFICE CENTER
2-24-05
PT

February 24, 2005

Florida Public Service Commission

Enclosed you will find a check for \$103.00, of which \$50.00 should cover the annual fee for the year 2004, \$3.00 in late fees also for the year 2004, \$50.00 should cover the annual fee for the year 2005.

Please be advised that the company I was working for is out of business and I would like you to cancel the above certificate.

I would like to thank you in advance for your attention to this matter, if you have any questions please feel free to call me at (239) 353-5769.

Sincerely,


Jose Benjamin Sanchez