

10441 0106

# Pay Telephone Service Provider Regulatory Assessment Fee Return

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TH007-04-0-R  
 Milton J. Keifer  
 11775 84th Avenue, N.  
 Seminole, FL 33772-4009

FOR PSC USE ONLY	
Check#	118
\$	50.00
\$	5.00 P
\$	1.00
Postmark Date	3-05
Initials of Preparer	PK

PERIOD COVERED:  
 08/03/2004 TO 12/31/2004

544 MAR - 9 2005

Records / Power

Please Complete Below If Official Mailing Address Has Changed

Kiosk INTERNET SERVICE 11775 84<sup>th</sup> AVEN SEMINOLE FL 33772  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	CMP	AMOUNT
1.	Gross Operating Revenue (Florida)	COM	\$
2.	Gross Intrastate Revenue	CTR	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	ECR	( )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	OPC	\$
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	MMS	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	RCA	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SCR	
8.	<b>TOTAL AMOUNT DUE</b>	SEC	\$ 106.00
		OTH	

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.

Milton J. Keifer (Signature of Company Official) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) 3/1/05

Milton J. Keifer (Preparer of Form - Please Print Name) Telephone Number 288 393 3235 Fax Number ( )

F.E.I. No. \_\_\_\_\_ DOCUMENT NUMBER DATE 02517 MAR 15 05

3/1/05

Early last year I was thinking about starting a small kiosk business. I had applied for license. Unfortunately things did not work out, and I never used the system. I talked to David Brown Friday and I am send check + please cancel

Thank you  
Milton *Miles*

J I S F

323