

041419

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2005

# ORIGINAL Competitive Local Exchange Company Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**

01/01/2004 TO 12/31/2004

TX696-04-0-R  
 Talk and Pay, Inc.  
 7647 Doubleton Drive  
 Delray Beach, FL 33446-3632

549 MAR 29 2005

**FOR PSC USE ONLY**  
 Check# 1984  
 \$ 50.00 06-03-001  
 \$ 5.00 P 003001  
 \$ 1.00 I 06-03-001  
 004011  
 Postmark Date 3-26-05  
 Initials of Preparer RJ

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ 0	\$ 0
2.	Long Distance Services (IntraLATA only)**	0	0
3.	Access Services	0	0
4.	Private Line Services	0	0
5.	Leased Facilities & Circuits Services	0	0
6.	Miscellaneous Services	0	0
7.	TOTAL REVENUES		\$ 0
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		0
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		0
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		0
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		0
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		0
13.	TOTAL AMOUNT DUE		\$ 0

These amounts must be intrastate only and must be verifiable.  
 \*\* Other long distance revenues must be listed on the Interexchange Regulatory Assessment Fee Return.

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

CMP  
COM  
CTR  
ECR  
GCL  
OPC  
MMS  
RCA  
SCR  
SEC  
OTH

**CURRENT COMPANY STATUS**

- Facilities-Based Provider
- Reseller
- Other: Not currently operating

**BILLING INFORMATION**

Complete below if billing agent if other than yourself.  
 (Name) \_\_\_\_\_ (Address: City/State/Zip) \_\_\_\_\_ (Telephone) \_\_\_\_\_

**COMPANY INFORMATION**

Do you lease telecommunications facilities?  YES  NO  
 If YES, who do you lease these facilities from? Name: N/A  
 Address: \_\_\_\_\_

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/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)  
Paul Hawerha  
 (Preparer of Form - Please Print Name)

President  
 (Title)  
 Telephone Number ( ) 561-541-8572 Fax Number ( ) 561-865-1649  
 (Date) 3/25/05  
 F.E.I. No. 65-112 0059

DOCUMENT NUMBER-DATE

03036 MAR 29 05

FPSC-COMMISSION CLERK