

ORIGINAL

Competitive Local Exchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2005 TO 12/31/2005

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TX577-05-0-R
 EATEL
 913 South Burnside Avenue
 Gonzales, LA 70737-4258

552 APR 05, 2005

FOR PSC USE ONLY
 Check# 6026443
 \$ 50.00 06-03-001
 003001
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 3-30-05
 Initials of Preparer _____

Please Complete Below If Official Mailing Address Has Changed

Records

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES		\$ -0-
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)		_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)		_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)		_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		_____
13.	TOTAL AMOUNT DUE		\$ 50.00

CMP
 COM
 CTR
 ECR
 GCL

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

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

OPC _____
 MMS _____
 RCA _____
 SCR _____
 SEC _____
 OTH _____

CURRENT COMPANY STATUS

- Reseller
- Other: ALEC

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: _____

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.

John D. ...
 (Signature of Company Official)

Executive President
 (Title)

3/29/05
 (Date)

Liz Yeasman
 (Preparer of Form - Please Print Name)

Telephone Number (228) 621-4280 Fax Number (228) 644-6325

F.E.I. No. 72-1025691

DOCUMENT NUMBER-DATE

03345 APR-5 05

EATEL

913 South Burnside Avenue
Gonzales, Louisiana 70737-4258



March 30, 2005

Florida Public Service Commission
Attn: Fiscal Services
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Regulatory Assessment Fee for Year Ending December 31, 2005

Dear Sir or Madam:

On February 1, 2005, Advanced Tel, Inc. requested that its ALEC Certification be cancelled. In accordance with the Florida Rules and Regulations for certification cancellation, Advanced Tel, Inc. is filing its Regulatory Fees for the year ending December 31, 2005. The docket number for this application is No. 050114-TX.

Should any further information be needed, please feel free to call me directly at (225) 621-4498.

Sincerely,

A handwritten signature in black ink, appearing to read "Janet S. Britton", is written over the word "Sincerely,".

JANET S. BRITTON
Legal and Regulatory Counsel

JSB:dmg

Enclosure

05 APR -4 AM 8 36

DISTRIBUTION CENTER