

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date: 5/18/2005

Docket No.: 050359 - T1

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR: Division Of Competitive Markets & Enforcement

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Acknowledgment of cancellation of IXC Registration No. TI978 by Corporate Offices at Phillips Point, Inc., effective April 5, 2005.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Provide NAMES OR ACRONYMS ONLY if a regulated company.

B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

2. Interested persons and their representatives (if any):

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

04881 MAY 19 05

Raquel Tully

561 MAY 18 2005

Total \$ 100.00
see T19

From: Paula Isler
Sent: Monday, May 16, 2005 11:57 AM
To: Raquel Tully
Subject: RE:

CK# 2101
Chd 50.00
5-16-05
RT

It is the 2005 RAF (\$50 each certificate) for T1978 and TS117 (Corporate Offices at Phillips Point, Inc.). Please provide me proof of payment so that I can open the docket. Thanks.

From: Raquel Tully
Sent: Monday, May 16, 2005 8:57 AM
To: Paula Isler
Subject: RE:

11300 U.S. HWY 1 STE 400
North Palm Beach, FL 33408
PH 561-624-1177

The Last name on the check looks like Hays. The envelope says Anne Peman Laser Therapy

From: Paula Isler
Sent: Monday, May 16, 2005 8:17 AM
To: Raquel Tully
Subject: RE:

I don't know anything about the Tampa Electric check (I only deal with telecommunications companies). The other one sounds sort of familiar. What is the address and who signed the check or anything else you can tell me. It sounds like a \$100 settlement but need more information. Thanks.

From: Raquel Tully
Sent: Monday, May 16, 2005 7:23 AM
To: Paula Isler
Subject:

I have to checks in question, that hopefully you can help me with. One is from Tampa Electric for \$256.16. I don't show where the owed additional money after [paying there 2004. Raf Fees. Also one from Corporate Officers at the Towers for \$100.00. I thought that this could be a filing fee, but it has your attention so I was not sure.

Thanks for your help.

COMPETITIVE SERVICES
DIVISION OF

2005 MAY 18 AM 10:43

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON
LISA POLAK EDGAR

STATE OF FLORIDA



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

April 21, 2005

Ms. Lynn Hayden
Corporate Offices at Phillips Point, Inc. (TI978 & TS117)
2472 SE Federal Highway
Stuart, FL 34994-4531

Dear Ms. Hayden:

On April 5, 2004, the Commission received your faxed letter requesting cancellation of the company's IXC and STS certificates. The Regulatory Assessment Fee is assessed if a certificate is active for any one day during a calendar year, even if a company had no revenues or ever started operations during the period covered. This means that since you did not request cancellation of your certificates until 2005, the 2005 Regulatory Assessment Fees are owed on both certificates. Both 2005 Regulatory Assessment Fee return forms are enclosed.

As soon as full payment is received (\$100 total, or the \$50 minimum for each certificate), I will open a docket to grant the company a voluntary cancellation of its IXC and STS certificates. When returning payment and the completed 2005 Regulatory Assessment Fee return forms, please use the enclosed blue envelope, which will insure prompt processing. Please respond by May 12, 2005.

In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, by internet e-mail at PIsler@psc.state.fl.us, or at the address at the bottom of Page One.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Interexchange 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)

TI978-05-0-R
 Corporate Offices At Phillips Point, Inc.
 2472 S. E. Federal Highway
 Stuart, FL 34994-4531

(Request for cancellation - Isler)

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ P
06-03-001
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

(Name of Company)

(Address)

(City/State)

(Zip)

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

* These amounts must be intrastate only and must be verifiable.

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

CURRENT COMPANY STATUS

- Facilities-Based Carrier Reseller Call Aggregator
 Alternate-Operator Service Rebiller Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

_____ (Name) _____ (Address: City/State/Zip) _____ (Telephone)
 What is the total amount of customer deposits collected? What is the total amount of bond held (if applicable)?
 Amount: \$ _____ for 19 _____ Amount: \$ _____ Expires: _____

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.

(Signature of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number () _____ Fax Number () _____

F.E.I. No. _____

Shared-Tenant Service Provider 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)

TS117-05-0-R
Corporate Offices At Phillips Point, Inc.
2472 S. E. Federal Highway
Stuart, FL 34994-4531

(Request for cancellation - Isler)

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
003001

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Intrastate Operating Revenue	\$ _____
2.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____
3.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 1 less Line 2)	_____
4.	Regulatory Assessment Fee Due (Multiply Line 3 by 0.0015)	_____
5.	Penalty For Late Payment (see "3. Failure to File by Due Date" on back)	_____
6.	Interest For Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	TOTAL AMOUNT DUE	\$ _____

* These amounts must be intrastate only and must be verifiable.

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

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 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 () Fax Number ()

F.E.I. No. _____

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON
LISA POLAK EDGAR

STATE OF FLORIDA



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

April 1, 2005

Mr. Lynn Hayden
Corporate Offices At Phillips Point, Inc.
11300 U.S. Highway 1, Suite 400
North Palm Beach, FL 33408-3208

Re: Registration with the Florida Secretary of State, Division of Corporations

Dear Mr. Hayden:

The purpose of this letter is to inform you that Corporate Offices At Phillips Point, Inc.'s registration to conduct business in Florida is no longer active. As evidenced by the enclosure, Corporate Offices At Phillips Point, Inc.'s registration was administratively dissolved on September 22, 2000, for its failure to file an annual report with the Florida Department of State, Division of Corporations.

Currently, Corporate Offices At Phillips Point, Inc. is authorized by the Florida Public Service Commission to operate as an intrastate interexchange telecommunications services provider and a shared tenant services provider in Florida. As such, Corporate Offices At Phillips Point, Inc. must retain an active registration with the Florida Department of State to conduct business in Florida.

To remedy this matter, Corporate Offices At Phillips Point, Inc. should take action to have its registration with the Florida Department of State reinstated. Please send, via facsimile, a copy of the record provided by the Florida Department of State, indicating that reinstatement has been achieved.

Please fax me the requested information no later than April 22, 2005. If you have any questions, please contact me at (850) 413-6576. My fax number is (850) 413-7677.

Sincerely,

A handwritten signature in cursive script that reads "Elton Howell".

Elton Howell, Engineer
Bureau of Service Quality

Enclosure
TMS 1818

COMPETITIVE SERVICES

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Public Inquiry

Florida Profit

CORPORATE OFFICES AT PHILLIPS POINT, INC.

PRINCIPAL ADDRESS

STE 800 WEST
777 SOUTH FLAGLER DR.
WEST PALM BEACH FL 33401 US
Changed 08/27/1998

MAILING ADDRESS

STE 800 WEST
777 SOUTH FLAGLER DR.
WEST PALM BEACH FL 33401 US
Changed 08/27/1998

Document Number

S06878

FEI Number

650233870

Date Filed

10/18/1990

State

FL

Status

INACTIVE

Effective Date

NONE

Last Event

ADMIN DISSOLUTION FOR
ANNUAL REPORT

Event Date Filed

09/22/2000

Event Effective Date

NONE

Registered Agent

Name & Address

WALTERS, MICHAEL J.
777 SOUTH FLAGLER DR.
STE. 1102-W
WEST PALM BEACH FL 33401

Address Changed: 07/09/1992

Officer/Director Detail

Name & Address	Title
WALTERS, MICHAEL J. 777 S. FLAGLER DR. W. PALM BEACH FL	DVS
HAYDEN, DIONNE L. 777 S. FLAGLER DR. W PALM BCH FL	DPT

Annual Reports

Report Year	Filed Date
1997	02/07/1997
1998	08/27/1998
1999	02/05/1999

[Previous Filing](#)[Return to List](#)[Next Filing](#)[View Events](#)[No Name History Information](#)

Document Images

Listed below are the images available for this filing.

[02/05/1999 -- ANNUAL REPORT](#)
[08/27/1998 -- ANNUAL REPORT](#)
[02/07/1997 -- ANNUAL REPORT](#)
[07/23/1996 -- 1996 ANNUAL REPORT](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)[Corporations Help](#)

Paula Isler

From: Elton Howell
Sent: Tuesday, April 12, 2005 1:44 PM
To: Paula Isler
Subject: FW: Corporate office at Phillips Point

FYI forwarded email from Nonnye

From: Nonnye Grant
Sent: Tuesday, April 12, 2005 11:29 AM
To: Elton Howell
Subject: RE: Corporate office at Phillips Point

Good morning! Thanks and I will update MCD with the latest address that is shown on the recent RAFs forms and new phone number you have listed below for both T1987 and TS117. Nonnye

From: Elton Howell
Sent: Tuesday, April 12, 2005 11:12 AM
To: Nonnye Grant
Subject: Corporate office at Phillips Point

Hi Nonnye,

The e-mail from Lynn Hayden dated April 5, 2005, states:

Mr. Howell Via Fax Number etc

Dear Mr. Howell:

Pursuant to our conversation, please allow this letter to confirm that Corporate Offices at Phillips Point is withdrawing certification for the following: T1978 & TS117. If you need additional information, please call me at 772-288-2226. Thank you. Lynn Hayden

Paula has the package to open docket to inactivate this. If U have any questions about this, please call her.

Elton Howell

April 5, 2005

Mr. Howell

Via Fax Number: 850-413-6577

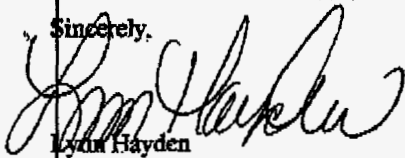
Dear Mr. Howell:

Pursuant to our conversation, please allow this letter to confirm that Corporate Offices at Phillips Point is withdrawing certification for the following:

TI978 and TS117

If you need additional information please call me at 772-288-2226. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lynn Hayden".

Lynn Hayden

STATE OF FLORIDA

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON
LISA POLAK EDGAR



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

March 29, 2005

*fx She will send LTR
To w/DRAW certificate
EX 4/4/05*

Mr. Lynn Hayden
Corporate Offices At Phillips Point, Inc.
11300 U.S. Highway 1, Suite 400
North Palm Beach, FL 33408-3208

Re: Registration with the Florida Secretary of State, Division of Corporations

Dear Mr. Hayden:

The purpose of this letter is to inform you that Corporate Offices At Phillips Point, Inc.'s registration to conduct business in Florida is no longer active. As evidenced by the enclosure, Corporate Offices At Phillips Point, Inc.'s registration was administratively dissolved on September 22, 2000, for its failure to file an annual report with the Florida Department of State, Division of Corporations.

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To remedy this matter, Corporate Offices At Phillips Point, Inc. should take action to have its registration with the Florida Department of State reinstated. Please send, via facsimile, a copy of the record provided by the Florida Department of State, indicating that reinstatement has been achieved.

Please fax me the requested information no later than April 20, 2005. If you have any questions, please contact me at (850) 413-6576. My fax number is (850) 413-7677.

Sincerely,

Elton Howell

Elton Howell, Engineer
Bureau of Service Quality

*Let must call
772-288-2226
To have MS HAYDEN
call me back!
EX 3-31-05*

Enclosure
TMS 1818

COMPANY IDENTIFICATION

Printed on 03/15/2005 at 14:43:33 by LEH

Complete Name: Corporate Offices At Phillips Point, Inc.

Mailing Name: Corporate Offices At Phillips Point, Inc.

Company Code: TI978 ^{RELLER} FEID Number: 65-0646073

STS TS117 STS

SHARED TENE T SERVIC MAILING INFORMATION

Reller
2-RAPS PD 1-24-05

Attention:

Address Line 1: 11300 U.S. Highway 1, Suite 400

Address Line 2:

City: North Palm Beach State: FL Zip Code: 33408-3208

E-mail Address:

Web Address:

Liaison 1: Lynn Hayden

Title: President

Phone: (561) 624-1177

E-mail:

Fax 1: (561) 624-4709

County:

Liaison 2:

Title:

Phone:

E-mail:

Fax 2:

DISCONNECTED
3-29-05

Admin. dissolved 9-22-2000

EH LTR MAILED 3-31-05
Clarified # will send ltr
To w/ DRAW Certificate

TMS 1818

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Public Inquiry

Florida Profit

CORPORATE OFFICES AT THE TOWERS, INC.

PRINCIPAL ADDRESS

11300 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408

MAILING ADDRESS

2472 SE FEDERAL HWY
STUART FL 34994
Changed 02/23/2005

Document Number
P95000093786

FEI Number
650646073

Date Filed
12/11/1995

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address

HAYDEN, DIONNE LYNN
2472 SE FEDERAL HWY
STUART FL 34994

Address Changed: 02/23/2005

Officer/Director Detail

Name & Address	Title
HAYDEN, DIONNE LYNN 2472 SE FEDERAL HWY STUART FL 34994	D

Annual Reports

Report Year	Filed Date
2003	02/07/2003
2004	04/16/2004
2005	02/23/2005

[Previous Filing](#)[Return to List](#)[Next Filing](#)

No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

[02/23/2005 -- ANN REP/UNIFORM BUS REP](#)
[04/16/2004 -- ANN REP/UNIFORM BUS REP](#)
[02/07/2003 -- COR - ANN REP/UNIFORM BUS REP](#)
[02/14/2002 -- ANN REP/UNIFORM BUS REP](#)
[01/23/2001 -- ANN REP/UNIFORM BUS REP](#)
[01/19/2000 -- ANN REP/UNIFORM BUS REP](#)
[02/02/1999 -- ANNUAL REPORT](#)
[01/28/1998 -- ANNUAL REPORT](#)
[04/28/1997 -- ANNUAL REPORT](#)
[08/05/1996 -- 1996 ANNUAL REPORT](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90078 038 ***150.00

DOCUMENT # P95000093786
 1. Entity Name
CORPORATE OFFICES AT THE TOWERS, INC.

Principal Place of Business: **11300 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408**
 Mailing Address: **11300 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408**

2. Principal Place of Business: **11300 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408**
 3. Mailing Address: **2472 SE Federal Highway**
 Suite, Apt. #, etc.: **Stuart, FL**
 City & State: **Stuart, FL**
 Zip: **34994** Country: **Martin**

4. FEI Number: **65-0646073**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
HAYDEN, DIONNE LYNN
11300 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **2472 SE Federal Highway**
 City: **Stuart**

00018413



1st MOORE CR2E034 (10/04)

the obligations of registered agent
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: HAYDEN, DIONNE LYNN STREET ADDRESS: 11300 U.S. HIGHWAY ONE, SUITE 400 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE: f. NAME: _____ STREET ADDRESS: 2472 SE Federal Hwy CITY-ST-ZIP: Stuart	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE: **2/13/05** DAYTIME PHONE #: **772-288-2226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laser Therapy
2/13/05

Interexchange Company Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Nonnye

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI978-04-0-R
 Corporate Offices At Phillips Point, Inc.
 11300 U.S. Highway 1, Suite 400
 North Palm Beach, FL 33408-3208

525 JAN 27 2005

FOR PSC USE ONLY	
Check# <i>2073</i>	06-03-001
\$ <i>50.00</i>	003001
\$ _____	P
\$ _____	06-03-001
\$ _____	004011
Postmark Date <i>1-24-05</i>	
Initials of Preparer <i>RT</i>	

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) *Nonnye*
 (Address) *2472 SE Federal Highway*
 (City/State) *Stuart, FL*
 (Zip) *34994*

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ _____	\$ <u><i>7977.60</i></u>
2.	Access Services	_____	_____
3.	Private Line Services	_____	_____
4.	Leased Facilities & Circuits Services	_____	_____
5.	Miscellaneous Services	_____	_____
6.	TOTAL Telephone Services	\$ _____	\$ <u><i>7,977.60</i></u>
7.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)	(_____)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	<u><i>7,977.60</i></u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	<u><i>11.97</i></u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	TOTAL AMOUNT DUE	_____	\$ <u><i>11.97</i></u>

* These amounts must be intrastate only and must be verifiable.

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

CURRENT COMPANY STATUS

- Facilities-Based Carrier
 Reseller
 Call Aggregator
 Alternate-Operator Service
 Rebiller
 Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____
 What is the total amount of customer deposits collected?
 Amount: \$ _____ for 19 _____
 What is the total amount of bond held (if applicable)?
 Amount: \$ _____ Expires: _____

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.

_____ (Signature of Company Official)
 _____ (Title)
 _____ (Date)

 (Preparer of Form - Please Print Name)

Telephone Number () _____ Fax Number () _____
 F.E.I. No. *65-0646073*

MCD Company Information for TI978

Printed on 04/21/2005 at 10:53:32 by PJI

Company Code:	TI978
Complete Name:	Corporate Offices At Phillips Point, Inc.
Mailing Name:	Corporate Offices At Phillips Point, Inc.
Certificate No(s):	2658
Status:	Active
Regulation Date:	04/30/1991
	No
Company Liaison #1:	Lynn Hayden
Title:	President
Mailing Address:	2472 S. E. Federal Highway
	Stuart, FL 34994-4531
Physical Location:	2472 S. E. Federal Highway
	Stuart, FL 34994-4531
Phone:	(772) 288-2226
Fax:	
Related Dockets:	
901008-TI	Application for certificate to provide interexchange telecommunications service by CORPORATE OFFICES AT PHILLIPS POINT, INC.