

# 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

TG414-04-0-R  
Birchwood Properties Corp.  
5524 Cypress Street, Suite B  
Tampa, FL 33607-1708

050565-TR

(Isler)

5 3 5 AUG 20 2005

FOR PSC USE ONLY	
Check#	6966
\$	50.00 06-03-001 003001
\$	12.50 P 06-03-001 004011
\$	3.50 I
Postmark Date	8-16-05
Initials of Preparer	PC

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

*Records + Paula*  
\_\_\_\_\_  
(Name of Company)

Please Complete Below If Official Mailing Address Has Changed

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	CMP	AMOUNT
1.	Gross Operating Revenue (Florida)	COM	\$ 0
2.	Gross Intrastate Revenue	CTR	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	ECR	0
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	OPC	0
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	RCA	06.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	SGA	15.40 (pd)
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SEC	-
8.	<b>TOTAL AMOUNT DUE</b>	OTH	\$ 81.40

RECEIVED - PSC  
 AUG 23 AM 9:16  
 COMMISSION  
 CLERK

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     D    

\* 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.

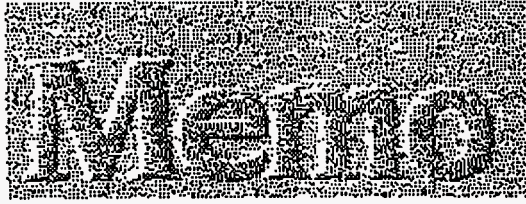
*Charles M. Prather*  
\_\_\_\_\_  
(Signature of Company Official)  
**Charles M. Prather**  
\_\_\_\_\_  
(Preparer of Form - Please Print Name)

*President*  
\_\_\_\_\_  
(Title)  
*8-15-05*  
\_\_\_\_\_  
(Date)

Telephone Number *(813) 289-9399* Fax Number ( )

F.E.I. No. *65-0696576* DOCUMENT NUMBER - DATE

08143 AUG 23 05



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**Date:** 8/15/05


**From:** Charles M. Prather

**To:** Public Service Commission

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**Subject:** Cancellation of Certificate

We no longer provide pay phone service. Please cancel our certificate.  
Thank you.

  
Charles M. Prather  
President