

(050000)

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

TG886-05-0-R
Surf Bar and Cocktail Lounge, Inc.
181 North Causeway
New Smyrna Beach, FL 32169-5303
605 DEC 28 2005

FOR PSC USE ONLY
Check # 4275
\$ 50.00 06-03-001
003001
\$ _____ P 06-03-001
004011
\$ _____ I
Postmark Date 12/20/05
Initials of Preparer km

Records 2005 already

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	CMP _____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	COM _____ CTR _____ (_____) ECR _____
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	GCL _____ \$ _____ OPC _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	RCA _____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	SCR _____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SGA _____
8.	Extension Payment Fee (see "4. Extension" on back)	SEC <u>1</u> _____
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	OTH _____ \$ <u>50.00</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return <i>Pay phone no longer in operation</i>	<u>1</u>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

Mary Ann Troy (Signature of Company Officer) General Manager (Title) 12-20-05 (Date)

Mary Ann Troy (Preparer of Form - Please Print Name) Telephone Number 886)427-5656 Fax Number 886)427-5678

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