

060000

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

PERIOD COVERED:

01/01/2005 TO 12/31/2005

TF228-05-0-R  
 Robert W. Longbrake  
 9860 Grackle Loop  
 Lakeland, FL 33810-2315  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY  
 Check # 1444  
 \$ 50.00 06-03-001  
 003001  
 06 JAN 20 AM 10:39  
 06-03-001  
 COMMISSION CLERK  
 \$ \_\_\_\_\_  
 Postmark Date 1-16-06  
 Initials of Preparer RT

1-17-06  
 Records

611 JAN 20 2006

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>405.00</u>
<u>CMP</u> 2.	Gross Intrastate Revenue	<u>405.00</u>
<u>COM</u> 3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( _____ )
<u>CTR</u> 4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>405.00</u>
<u>ECR</u> 5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
<u>GCL</u> 6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
<u>OPC</u> 7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
<u>RCA</u> 8.	Extension Payment Fee (see "4. Extension" on back)	_____
<u>SCR</u> 9.	<b>TOTAL AMOUNT DUE (MINIMUM \$50.00)</b>	\$ <u>50.00</u> <sup>(2)</sup>
<u>SGA</u> 10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</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.

Beverly Longbrake (Signature of Company Official)      Sec. Treas. (Title)      01-15-06 (Date)

\_\_\_\_\_  
 (Preparer of Form - Please Print Name)      Telephone Number 863-859-4616 Fax Number ( \_\_\_\_\_ )

F.E.I. No. 287-46-2269      DOCUMENT NUMBER-DATE  
00542 JAN 20 08