

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2007

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:
01/01/2006 TO 12/31/2006

TE664-06-0-R
Southern Paystations, Inc. 060201-TC
17501 Lakeshore Road, Suite B
Lutz, FL 33558-4802

Docket No. 060201-TC (Isler) DATE

DEPOSIT DATE 6 4 3 APR 11 2006

FOR PSC USE ONLY

Check # 9042

\$ 50.00 06-03-001 003001

\$ 5.00 P 06-03-001 004011

\$ 1.00 I

Postmark Date 3-7-04

Initials of Preparer

Records /
Paula

Please Complete Below if Official Mailing Address Has Changed
6 4 3 APR 11 2006

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ -0-
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	Extension Payment Fee (see "4. Extension" on back)	
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ 50- ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	0

- CMP _____
- COM _____
- CTR _____
- EGR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH Nonny

(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.

[Signature]

(Signature of Company Official)

PRESIDENT

(Title)

4/7/06

(Date)

(Preparer of Form - Please Print Name)

Telephone Number

813-931-9850

Fax Number

813-936-9540

F.E.I. No.

59-3134766