

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

STATUS:

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2007 TO 12/31/2007

TE208-07-0-R
 Suncoast Payphone Company
 10309 Sevenleaf Drive
 Springhill, FL 34608-9411

Docket No. 070259 **DEPOSIT**

5757 MAY 21 2007

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 54349
 \$ 100.00 06-03-001
 \$ _____ 903001
 \$ _____ P 06-03-001
 \$ _____ 004011

Postmark Date 5-14-07
 Initials of Preparer RJ

*Paula
 +
 Records*

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>1073</u>
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 \$100.00)	\$ <u>100</u> ⁽²⁾
	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 \$100 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.

Robert J. Byrns (Signature of Company Official) OWNER (Title) 5-12-07 (Date)

ROBERT J. BYRNS (Preparer of Form - Please Print Name) Telephone Number 352-666-9979 Fax Number 352-666-9979

F.E.I. No. 218 36 5307 04087 MAY 18 08