

**ORIGINAL**

**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

TE890-06-0-R  
 Larry Joe Schwarzenbach  
 4018 Hidden River Lane  
 Sarasota, FL 34240-9264

070288 - TC

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # \_\_\_\_\_

\$ \_\_\_\_\_ 06-03-001 003000

\$ \_\_\_\_\_ E

\$ \_\_\_\_\_ P 06-03-001 004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

*Paula + Records*

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

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

*NO LONGER OWN ANY PAY PHONES SOLD BUSINESS*

(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 of Company Official) *OWNER* (Title) *12-20-06* (Date)

\_\_\_\_\_  
 (Preparer of Form - Please Print Name) Telephone Number *941 322312* Fax Number *(NONE) 5442*

F.E.I. No. *04661 JUN 11 5*