

Competitive Local Exchange Company Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2007 TO 07/03/2007

(See Filing Instructions on Back of Form)

TX340-07-0-R
 Telephone Systems of Georgia, Inc.
 1013 S. Martin Luther King, Jr. Blvd.
 Tallahassee, FL 32301-2242 **080009-TX**
 (cert 7180) 797 JAN 03 2008

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # **8141**
 \$ **600.00** 06-03-001
 004001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date **12-27-07**
 Initials of Preparer **PT**

*Records +
Paula*

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ <u>0</u>
2.	Long Distance Services (IntraLATA only) ⁽¹⁾	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ <u>0</u>
8.	LESS: Amounts Paid to Other Telecommunications Companies ⁽²⁾	_____	_____
9.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	\$ _____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0020)	_____	_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	Extension Payment Fee (see "4. Extension " on back)	_____	_____
14.	TOTAL AMOUNT DUE (\$600.00 MINIMUM)	_____	\$ <u>600.00</u> ⁽³⁾

- (1) Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.
- (2) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
- (3) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Provider
- Reseller
- Other: _____

BILLING INFORMATION

Complete below if billing agent is other than yourself.

 (Name) (Address: City/State/Zip) (Telephone)

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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.

Sharon Allen Corporate Officer 12/27/07
 (Signature of Company Official) (Title) (Date)

Telephone Number 850.521.2055 Fax Number _____

(Preparer of Form - Please Print Name)

F.E.I. No. 59-2651767

DOCUMENT NUMBER - DATE
00038 JAN-28
FPSC-COMMISSION CLERK

December 27, 2007

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Attn: Paula Isler

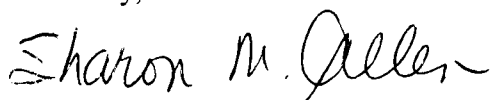
RE: Certificate #TX3-40-05-0-R

Dear Ms. Isler:

This is to request that the Florida Public Service Commission cancel the above referenced Certificate effective immediately.

Our office at 1013 M.L. King Blvd., South, Tallahassee, Florida 32301 has closed. If it is necessary to contact us by phone, please call 850 521-2055. You can send any necessary correspondence to 1984 Charlais Street, Tallahassee, Florida 32317.

Yours truly,



Sharon M. Allen
Corporate Officer

W/enclosure - Elec Reg Assess Return
8141 \$600.00

TALLAHASSEE FL 323

27 DEC 2007 PM 2 L



ATTN: FISCAL
FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0876

