

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

PERIOD COVERED:
01/01/2008 TO 12/31/2008

Paula Records

TH060-08-0-R
Silver Springs Shores Telco
7034 Hemlock Course
Ocala, FL 34472-2138
Docket No. 080394-TC

08 SEP -8 PM 3:34

COMMISSION CLERK

868 · SEP 09 2008

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	1850
\$	100.00
	06-03-001 003001
\$	E
	P 06-03-001 004011
\$	I
Postmark Date	9/2/08
Initials of Preparer	RT

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 210.00
2.	Gross Intrastate Revenue	210.00
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(72.00)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 138.00
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	2.78
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.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ 100.00 ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	0

(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.

Paula Kravac (Signature of Company Official) _____ 8/29/08 (Date)

Janet Kravac (Preparer of Form - Please Print Name) Telephone Number (352) 680-1893 Fax Number ()

F.E.I. No. _____ DOCUMENT NUMBER-DATE

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