

PCO Communications, Inc.

**PO Box 620909
Oviedo, FL 32762
407-275-3600**

09 0061

RECEIVED-FPSC
09 FEB -2 PM 4: 13
COMMISSION
CLERK

January 30, 2009

Ann Cole
Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399

Re: IXC No. TK085

Dear Ms. Cole,

Please cancel to above IXC registration in the name of PCO Communications, Inc. effective December 31, 2008.

We are a small communications company headquartered in Florida. We had wanted to expand our business into Florida so we set up this tariff. It is regretable but we are unable to keep this tariff active due to the high \$700 minimum fees the commission adopted 2 years ago.

I was very disappointed to see this action and think the commission should be trying to encourage competition not run small businesses out of Florida. High minimum fees do not effect the current carriers because they already have lots of business. High minimum fees only restrict access and competition by new companies. If the State needs more money it won't come from high minimums you will have to raise the rates on the current carriers.

Thanks for your time.

Regards,



Richard Owen
President

- COM _____
- ECR _____
- GCL _____
- OPC _____
- RCP _____
- SSC _____
- SGA _____
- ADM _____
- CLK *Henry*

DOCUMENT NUMBER-DATE

00830 FEB-28

FPSC-COMMISSION CLERK

Interexchange Company 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

Records + memos attached

TK085-08-0-R
 PCO Communications, Inc.
 P. O. Box 620909
 Oviedo, FL 32762-0909

DEPOSIT DATE
 904 FEB 03 2009

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1360
 \$ 700.00 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 1-29-09
 Initials of Preparer RT

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Long Distance Services	\$ <u>0</u>	\$ <u>0</u>
2.	Access Services	<u>0</u>	<u>0</u>
3.	Private Line Services	<u>0</u>	<u>0</u>
4.	Leased Facilities & Circuits Services	<u>0</u>	<u>0</u>
5.	Miscellaneous Services	<u>0</u>	<u>0</u>
6.	TOTAL Telephone Services	\$ <u>0</u>	\$ <u>0</u>
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	(<u>0</u>)	(<u>0</u>)
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$ <u>0</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020)		<u>0</u>
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		
12.	Extension Payment Fee (see "4. Extension" on back)		
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$ <u>700.00</u> ⁽²⁾

(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 \$700 shall be imposed as provided in Section 364.336, Florida Statutes.

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: Value Added Reseller

BILLING INFORMATION

Complete below if billing agent is other than yourself.

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

What is the total amount of customer deposits collected? Amount: \$ _____ for 20 _____

What is the total amount of bond held (if applicable)? Amount: \$ _____ Expires: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) [Signature] (Title) President (Date) 1-30-09

Telephone Number (407) 275-3600 Fax Number ()

(Preparer of Form - Please Print Name)

F.E.I. No. _____

DOCUMENT NUMBER DATE
 100830 FEB-2009
 PSC-COMMISSION CLERK