	Florida Public Service Commission	Fee Return For PSC USE ONLY	
STATUS:	(See Filing Instructions on Back of Form)	Check # 11기년	
Actual Return	TJ945-09-0-R	\$ 700.00 06-03-001	
Estimated Return	Totally Voip, Inc.	003001	
Amended Return	17874 North Highway 41	\$ E	
	Lutz, FL 33549-4502	\$P 06-03-001	
PERIOD COVERED:		004011	
01/01/2009 TO 12/31/2009	DEPOSIT DATE	\$ I	
PLEASE CANCEL		100 2.14	
1221132 VANCES	D 995 FED n 2 2010	Postmark Date 1-29-2016	
	Please Complete Below If Official Mailing Address Has Changed	Initials of Preparer	

(Name of Company) (Addr		ress)	(City/State)	(Zip)
LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA OPERATINO		TATE REVENUE
1. 2. 3. 4. 5.	Long Distance Services Access Services Private Line Services Leased Facilities & Circuits Services Miscellaneous Services	\$	\$	0.770 9 0 0
6.	TOTAL Telephone Services	\$	\$	2
7.	LESS: Amounts Paid to Telecommunications Companies ⁽¹⁾	() (<u> </u>
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		\$	0
9. 10. 11. 12.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0020) Penalty for Late Payment (see "3. Failure to File by Due Date" on the Interest for Late Payment (see "3. Failure to File by Due Date" on b Extension Payment Fee (see "4. Extension" on back)			
13.	TOTAL AMOUNT DUE (\$700.00 MINIMUM)		\$	700.28 0

These amounts must be <u>intrastate only</u> and must be verifiable (see "2. Fees" on back).
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.

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-	CURRENT COMPANY STATUS eller () Call Aggregator					
() Alternate-Operator Service () Reb						
	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?	What is the total amount of bond held (if applicable)?					
Amount: \$ for 20	Amount: $ Expires: 1 $					
	COMPANY INFORMATION					
Do you lease telecommunications' facilities? () YES	NO NO					
If YES, who do you lease these facilities from? Name:	■ / 117					
Address:						
I, the undersigned owner/officer of the above-named com	pany, 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 purs	suant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with					
the interation mislead public servant in the performance of his/he						
Man Sharte and	Insident 1-28-2010					
(Signature of Company Official)	(Title) (Date)					
HaroLD Shankland	Telephone Number (8/3) 390-5674 Fax Number (877) 561 8824					
(Preparer of Form - Please Print Name)						
(reparer of rorm - rease rent name)	F.E.I. No. 20 1 32 3 2 88					