

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2006 TO 12/31/2006

Records / Paula

(See Filing Instructions on Back of Form)

TH047-06-0-R
David S. Cooper *070168-JC*
6364 Park Lake Circle
Boynton Beach, FL 33437-3216

DEPOSIT DATE
730 MAR 13 2007

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # *02245*
\$ 50.00 06-03-001
003001
\$ _____ E
\$ 5.00 P 06-03-001
004011
\$ 1.00 I
Postmark Date 3/9/07
Initials of Preparer PT

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>00,00</u>
2.	Gross Intrastate Revenue	<u>00,00</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(<u>00,00</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>00,00</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>6</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>56</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(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.

David S. Cooper (Signature of Company Official) OWNER (Title) _____ (Date)

DAVID S. COOPER (Preparer of Form - Please Print Name) Telephone Number () DOCUMENT NUMBER-DATE
Fax Number () 02236 MAR 13 07

F.E.I. No. _____

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

From: Davis S. cooper
6364 Park Lake Circle
Boynton Beach Fl 33437

Dear Sir:

I close my business 2 years ago and I want to CANCEL MY CERTIFICATE

Because all my pay phone has been removed and close it the pay phone business

And a will appreciate if you cancel all

Best Regards

A handwritten signature in cursive script, appearing to read "David Cooper".

David Cooper

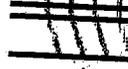
ASPCA

David Cooper
6364 Park Lake Cir
Boynton Beach, FL 33437



WEST PALM BEACH

FL 334 71



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

