## ORIGINAL 070184

to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before 01/30/2008
Pay Telephone Service Provider Regulatory Assessment Fee Return

		Florida Public Servic	ce Commission	FOR PSC USE ONL	.Y
STATUS:		(See Filing Instructions on		heck #	
Actual Return Estimated Return Amended Return		TG472-07-0-R Northwest Florida Telephone Company, Inc. 1110 Bay Court Destin, FL 32541-1635		s <u>50.00</u> 06-03-00 00300	
				DEDIOI	COVERED
<b>PERIOD COVERED:</b> 01/01/2007 TO 12/31/2007		Docket No. 070184-TC	IT DATE S	1	
alt	de		APR 1 0 2007	ostmark Date 4-5-C	5
The co	(O)	1.57		ostmark Date <u>9-5-6</u> nitials of Preparer FT	
KCC		Please Complete Below If Official M			
. 1.	1 -				
Nih	, TURDA	TREAPPONE CO FIC	IND BAVET	District rZ 3	<u> </u>
	(Name of Company)	1110 BAY SE AM	"5571 th 32541 "	ity/State)	(Zip)
IDE					
LINE NO.		ACCOUNT CLASSIFICAT	FION	AMOU	VT
p <u></u>					
1.	<sup>®</sup> Gross Operating Revenue (Florida)			\$ <u>1/21</u>	15_
M					1
2.	Gross Intrastate Revenue				60
3.	LESS: Amoun	ts Paid to Other Telecommunic	ations Companies <sup>(1)</sup>		
AND A DESCRIPTION OF A	(see "2. Fees" on back)			(	
4	- TOTAL REVI	ENUES for Regulatory Assess	sment Fee Calculation	ن ا	
•• •	(Line 2 less Line 3)			\$ 27.6	020
	ux (	,		<u>ب</u>	<u> </u>
5	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)				APR
				en an	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)				
C 1427, The State State of the State	Interest for Late Payment (see "3. Failure to File by Due Date" on back)			1 - 200 1 - 200	0
W. <u>G7.</u>	- mieresi ior Lai	e Fayment (see 5. Fandre to F	ne by Due Date on back)	<u></u>	<u> </u>
K.P8.	Extension Payment Fee (see "4. Extension" on back)			3	<u> </u>
COLUMN THE OWNER OF T					
9.	TOTAL AMO	UNT DUE (MINIMUM \$50	.00)	\$ <u>_</u> \$0.0	
10.	Number of nev	Number of pay telephones in operation at close of period covered by			
10.	this Return	terephoneo in operation at elob	Ferren ee ieren ol		
	<ul><li>(1) These amounts mu</li><li>(2) Regardless of the</li></ul>	ust be <u>intrastate only</u> and must be verifiable (se gross operating revenue of a company, a minir	ee "2. Fees" on back). num annual regulatory assessment fee of \$	50 shall be imposed as provid	led in

Section 364.336, Florida Statutes.

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 misles of public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

the intent to mislesi (Title) gnature of Company Official) Fax Number Telephone Number (Preparer of Form - Please Print Name) 4360 F.E.I. No. 306*6* 

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