

Pay Telephone Service Provider Regulatory Assessment Fee Return

REDACTED

Florida Public Service Commission

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Records + papers

(See Filing Instructions on Back of Form)

TH039-06-0-R
 Dean Newell
 615 Bayside Drive
 Tarpon Springs, FL 34689-7019

671 AUG 0 8 2006

FOR PSC USE ONLY

Check # 638

\$ 50.00 06-03-001 003001

\$ _____ E

\$ _____ P 06-03-001 004011

\$ _____ I

Postmark Date 8-1-06

Initials of Preparer DN

Please Complete Below If Official Mailing Address Has Changed

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

RECEIVED - PSC
 COMMISSION CLERK
 AMOUNT: \$ 28
 AUG 1 2006

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
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)	_____
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>50⁰⁰</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	_____

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 RCA _____
 SCR _____
 SGA _____
 SEC 1 _____
 OTH _____

(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.

Dean Newell (Signature of Company Official) owner (Title) 7/31/06 (Date)

 (Preparer of Form - Please Print Name)

Telephone Number: 020 939-3347 Fax Number () _____

FBI No. SS#

REDACTED

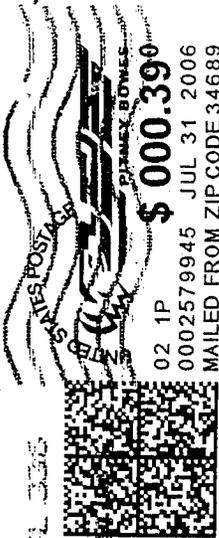
*** Please cancel my account effective immediately ***

7057 AUG 07 2006

D Newell
6015 Bayside Dr
Tampa Springs, FL 34689

TAMPA FL 336

01 AUG 06 PM



\$ 000.390

02 1P

0002579945 JUL 31 2006

MAILED FROM ZIP CODE 34689

Florida Public Service Commission
2540 Shomard Oak Blvd.
Tallahassee, FL 32399-0850
Attn: Fiscal Services

3468947019

