

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- ☒ Actual Return
☐ Estimated Return
☐ Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

TH006-05-0-R

Robert E. Martin

2919 Conway Gardens Road

Orlando, FL 32806-6607

060000 - PU

REPORT DATE

606 JAN 04 2006

FOR PSC USE ONLY

Check # 1052

\$ 50.00

06-03-001

003001

\$ P

06-03-001

004011

\$ I

Postmark Date 12-28-05

Initials of Preparer PR

Please Complete Below If Official Mailing Address Has Changed

Please Close account immediately no phones in operation

(Name of Company)

(Address)

(City/State)

(Zip)

LINE

NO.

ACCOUNT CLASSIFICATION

1. Gross Operating Revenue (Florida)

2. Gross Intrastate Revenue

CMP 3. LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾
 (see "2. Fees" on back)

COM 4. TOTAL REVENUES for Regulatory Assessment Fee Calculation
 CTR (Line 2 less Line 3)

ECR 5. Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)

OPC 6. Penalty for Late Payment (see "3. Failure to File by Due Date" on back)

RCA 7. Interest for Late Payment (see "3. Failure to File by Due Date" on back)

SCR 8. Extension Payment Fee (see "4. Extension" on back)

SGA 9. TOTAL AMOUNT DUE (MINIMUM \$50.00)

OTH 10. Number of pay telephones in operation at close of period covered by
 Nonpay this Return I have no pay phones in operation. Please

(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.

Robert E. Martin

(Signature of Company Official)

Owner

(Title)

12-27-05

(Date)

(Preparer of Form - Please Print Name)

Telephone Number ()

Fax Number ()

F.E.I. No.

DOCUMENT NUMBER-DATE

00057 JAN-48