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COMMISSION
CLERK

Receivers for the Lazy S Utility Company
2031 E. Edgewood Drive
Lakeland, FL 33803
863-669-9141
December 2, 2004

Troy Rendell
Public Utilities Supervisor
Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

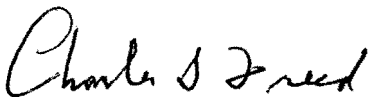
Re: Lazy S Utility

Dear Mr. Rendell:

Enclosed for your files is an application for a staff assisted rate case. Also enclosed is the \$500.00 application fee.

Thank you for your time and attention.

Very truly yours,



Charles S. Freed
For the Lazy S Utility

Amount received with filing and forwarded
to fiscal for deposit. Fiscal to forward
amount information to Records.

Initials of person who forwarded check:



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DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASEI. General Data

A. Name of utility LATY S. UTILITY
 B. Address 2031 E. EDGEWATER DR #5
LAKELAND, FL 33603

1. Telephone Nos. (863) 668-4141

2. County Polk Nearest City Lakeland

3. General area served _____

South of Arundel between Interstate 4 and US 90 in Polk Co.

C. Authority:

1. Water Certificate No. APPLIED Date Received _____
 2. Wastewater Certificate No. N/A Date Received _____
 3. Date utility started operations: Water 2-03 Wastewater N/A

D. How system was acquired Reacquisition

If utility was purchased, give date 2-03 Amount Paid Zero

1. Name of Seller N/A

2. Was seller affiliated with present owners? No

3. Did you purchase: Stock No or assets only Yes

E. Type of legal entity: (Corporation, Partnership or Sole Proprietorship)

Corporation

F. Ownership & Officers:

Name	Title	Percent Ownership
1.		
2.		
3.		
4.		

G. List of Associated Companies and Addresses:

1. None
2. _____
3. _____

H. If you have retained an attorney and/or a consultant to represent the utility for this application, furnish the name(s) and address(es):

SCOTT LANGSTON
P.O. Box 1897
LAKE LAND, FL 33502-1897
863-688-5659

II. Accounting Data

A. Outside Accountant

1. Name _____
2. Firm _____
3. Address _____
4. Telephone (____) _____

B. Individual to contact on accounting matters:

1. Name Charles Freed
2. Telephone (863) 668-9141

C. Location of books and records 2031 E EDENWATER DR #5

D. Have you filed an Annual Report with the Commission? Yes
Date Last Filed SEPT 2004

E. Has your latest regulatory assessment fee payment been made? No

F. Basic Rate Base Data (Most recent two years)

1. Water	2003	2004
Cost of Plant In Service:	\$ <u>UNKNOWN</u>	\$ _____
Less Accumulated Depreciation:	<u>10%</u>	_____
Less Contributed Plant:	<u>ZERO</u>	<u>ZERO</u>
Net Owner's Investment:	\$ <u>ZERO</u>	\$ <u>ZERO</u>

2. Wastewater

20__

20__

Cost of Plant In Service:

\$ 0/0

\$ _____

Less Accumulated Depreciation:

Less Contributed Plant:

\$ _____

\$ _____

New Owner's Investment:

\$ _____

\$ _____

G. Basic Income Statement (Most recent two years):

1. Water

20__

20__

Revenues (By Class):

a. RESIDENTIAL\$ 22,240

\$ _____

b. _____

c. _____

Total Operating Revenues:

\$ 22,240\$ 37,925.24 (11 mo)

Less Expenses:

a. Salaries & Wages - Employees

-0-

-0-

b. Salaries & Wages - Officers,
Directors, & Majority

-0-

-0-

Stockholders

-0-

-0-

c. Employee Pensions & Benefits

-0-

-0-

d. Purchased Water

24,645.7732,761.07

e. Purchased Power

-0-

-0-

f. Fuel for Power Production

-0-

-0-

g. Chemicals

-0-

-0-

h. Materials & Supplies

484.41.00

i. Contractual Services

2,302.613,537.63

j. Rents

-0-

-0-

k. Transportation Expenses

-0-

-0-

l. Insurance Expense

611.00526.00

m. Regulatory Commission Expense

375.00829.21

n. Bad Debt Expense

-0-

-0-

o. Miscellaneous Expense

1,763.671,334.84

p. Depreciation Expense

-0-

-0-

q. Property Taxes

-0-

-0-

r. Other Taxes

-0-

-0-

s. Income Taxes

-0-

-0-

Operating Income (Loss)

\$ (539.63)\$ (4,063.51)

2.	Wastewater	<u>N/A</u>	20__	20__
Revenues (By Class):				
a.	_____		_____	_____
b.	_____		_____	_____
c.	_____		_____	_____
Total Operating Revenues:			\$ _____	\$ _____
Less Expenses:				
a.	Salaries & Wages - Employees		\$ _____	\$ _____
b.	Salaries & Wages - Officers, Directors, & Majority Stockholders		_____	_____
c.	Employee Pensions & Benefits		_____	_____
d.	Purchased Wastewater Treatment		_____	_____
e.	Sludge Removal Expense		_____	_____
f.	Purchased Power		_____	_____
g.	Fuel for Power Production		_____	_____
h.	Chemicals		_____	_____
i.	Materials & Supplies		_____	_____
j.	Contractual Services		_____	_____
k.	Rents		_____	_____
l.	Transportation Expenses		_____	_____
m.	Insurance Expense		_____	_____
n.	Regulatory Commission Expense		_____	_____
o.	Bad Debt Expense		_____	_____
p.	Miscellaneous Expense		_____	_____
q.	Depreciation Expense		_____	_____
r.	Property Taxes		_____	_____
s.	Other Taxes		_____	_____
t.	Income Taxes		_____	_____
Operating Income (Loss)			\$ _____	\$ _____
H.	Outstanding Debt:			

	<u>Creditor</u>	<u>Date Borrowed</u>	<u>Balance Due</u>	<u>Interest Rate</u>	<u>Expiration Date</u>
1.	<u>N/A</u>				
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

_____	Form 1120 - Corporation
<u>N/A</u>	Form 1120S - Subchapter S Corporation
_____	Form 1065 - Partnership
_____	Form 1040 - Schedule C - Individual (Proprietorship)

III. Engineering Data

A. Outside Engineering Consultant:

1. Name CITIZENS FLEET
2. Firm THE COLLINS GROUP, INC.
3. Address 2031 E. EDGEMOND DR. #5 LAKELAND, FL 33803
4. Telephone (813) 669-9141

B. Individual to contact on engineering matters:

1. Name SAME
2. Telephone ()

C. Is the utility under citation by the Department of Environmental Protection (DEP) or county health department? If yes, explain.

No

D. List any known service deficiencies and steps taken to remedy problems.

None

E. Name of plant operator (s) and DEP operator certificate number (s) held.

N/A

F. Is the utility serving customers outside of its certificated area? No If yes, explain

G. Wastewater: N/A

1. Gallons per day capacity of treatment facilities existing _____
under construction _____ proposed _____
 2. Type and make of present treatment facilities _____
 3. Approximate average daily flow of treatment plant effluent _____
 4. Approximate length of wastewater mains:
Size (diameter) _____
Linear feet _____
 5. Number of manholes _____
 6. Number of liftstations _____
 7. How do you measure treatment plant effluent? _____
 8. Is the treatment plant effluent chlorinated? _____ If yes, what is the normal dosage rate?
 9. Tap in fees - Wastewater \$ _____
 10. Service availability fees - Wastewater \$ _____
 11. Note DEP Treatment Plant Certificate Number and date of expiration: Number _____
Expiration Date _____
 12. Total gallons treated during most recent twelve months _____
 13. Wastewater treatment purchased during most recent twelve months _____
- H. Water

1. Gallons per day capacity of treatment facilities existing _____ under
construction Zero proposed Zero
2. Type of treatment _____

3. Approximate average daily flow of treated water _____
4. Source of water supply CITY OF LAKELAND
5. Types of chemicals used and their normal dosage rates N/A
6. Number of wells in service 0 Total capacity in gallons per minute (gpm) _____
 Diameter/Depth _____ / _____ / _____
 Motor horsepower _____
 Pump capacity (gpm) _____
7. Reservoirs and/or hydropneumatic tanks: 0
 Description _____
 Capacity _____
8. High service pumping: 0
 Motor horsepower _____
 Pump capacity (gpm) _____
9. How do you measure treatment plant production? N/A
10. Approximate feet of water mains:
 Size (diameter) 2" 1 1/2" _____
 Linear feet 6,000 19,000 _____
11. Note any fire flow requirements and imposing government agency None
12. Number of fire hydrants in service None
13. Do you have a meter change out program? No
14. Meter installation or tap in fees - Water \$ 150.00
15. Service availability fees - Water \$ 0
16. Has the existing treatment facility been approved by DEP? Yes
17. Total gallons pumped during most recent twelve months _____
18. Total gallons sold during most recent twelve months _____
19. Gallons unaccounted for during most recent twelve months _____
20. Gallons purchased during most recent twelve months 22,764,000

IV. Rate Data

A. Individual to contact on tariff matters:

1. Name Charles Freed
2. Telephone Number (863) 669-9191

B. Schedule of present rates (Attach additional sheets if more space is needed):

1. Water:

- | | |
|----------------------|--------------------|
| a. Residential Water | <u>35.00/month</u> |
| b. General Service | <u>0</u> |
| c. Special Contract | <u>0</u> |
| d. Other - Specify | <u>0</u> |

2. Wastewater:

- | | |
|---------------------------|------------|
| a. Residential Wastewater | <u>N/A</u> |
| b. General Service | _____ |
| c. Special Contract | _____ |
| d. Other - Specify | _____ |

C. Number of Customers (Most recent two years):

- | | | |
|------------------|-------------|-------------|
| 1. Water Metered | <u>2003</u> | <u>2004</u> |
|------------------|-------------|-------------|

a.	Residential	<u>110</u>	<u>104</u>
b.	General Service	<u>-</u>	<u>-</u>
c.	Special Contract	<u>-</u>	<u>-</u>
d.	Other - Specify	<u>-</u>	<u>-</u>
2.	Water Unmetered	<u>20⁰⁴</u>	<u>20⁰⁴</u>
a.	Residential	<u>5</u>	<u>5</u>
b.	General Service	<u></u>	<u></u>
c.	Special Contract	<u></u>	<u></u>
d.	Other - Specify	<u></u>	<u></u>

3. Wastewater

20__

20__

- a. Residential - Metered _____
- b. Residential - Unmetered _____
- c. General Service _____
- d. Special Contract _____
- e. Other - Specify _____

V. Affirmation

I, Charles Freed the undersigned owner, officer, or partner of the above named public utility, doing business in the State of Florida and subject to the control and jurisdiction of the Florida Public Service Commission, certify that the statements set forth herein are true and correct to the best of my information, knowledge and belief.

Signed

Charles S Freed

Title

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.