TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2005

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATU	S:	Florida Public Service		FOR PSC USE ONLY Check# (2)	
Actual Return / Estimated Return Amended Return		TF056-04-0-R M & J Donuts #5, Inc. 15905 N.W. 57th Avenue	have and in C(A)	\$	
	D COVERED: 2004 TO 12/31/2004 COPY 110 OF OF HARMY	Hialeah, FL 33014-6703	plog 533 date 533 date 374-05	Postmark Date 1 1 Initials of Preparer 2	
paul 5					
	(Name of Company)	(Add	iess)	(City/Guile) (2ap)	
LINE NO. ACCOUNT CLASSIFICATION AMOUNT					
1.	Gross Operating Revenue (Florida)				
	5 7 7 FED = 4 200F				
2. 3.	Gross Intrastate Revenue LESS: Amounts Paid to Other Telecommunications Companies*				
<i>5.</i>	(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 0.0015)				
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.	TOTAL AMOUNT DUE \$			\$_5000	
	AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50				
-:-	THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED				
CMP				Λ	
COW —	Number of pay telephones in operation at close of period covered				
CTR _					
ECR					
GC [hese amounts must be intrastate only and must be verifiable.					
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 the infor					
Miles statement. I am aware that pursuant to Section 837.06 Provide 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.					
RCA_	Signature of Company Official) (Title) (Date)				
SCR _	- Congradure on configury		lephone Number (33) 63/3	Fax Number ()	
SEC_	SEC Print Name)				
OTH _		DOCUMENT NUMBER F	EANS. 63 74-33	40	

01285 FEB-38

Haf Omet 45 15905 NW 5746ac Holeat Fl 33014

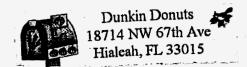
1/31/08

Dear SIN

Please careel certificate that I have.

effective 14/31/04. Thenh you

Aprimo Sources





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

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