

Omnicom, Inc.

ORIGINAL

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US FEB -2 AM 8:50

January 30, 2006

COMMISSION
CLERK

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0876

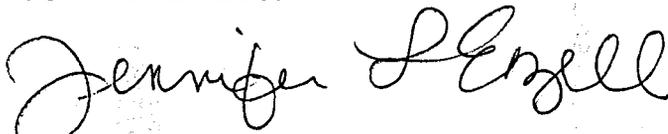
Customer Service:

I regret to inform you, Omnicom, Inc. will no longer be requiring your services at 4760 South Cleveland Avenue, Fort Myers, Florida 33907.

Please discontinue our certificate. Enclosed you will find the regulatory assessment fee and return per our agreement.

Thank you for your time and services.

Jennifer L. Ezell



Vice President, Omnicom, Inc.

207 Pine Lane Clewiston, Florida 33440

DOCUMENT NUMBER-DATE
(863) 902-2024

00982 FEB-2 8

FPSC-COMMISSION CLERK

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

TH028-05-0-R
 Omnicom, Inc.
 207 Pine Lane
 Clewiston, FL 33440-9422

622 FEB 0 2006

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 2108

\$ 50.00 06-03-001
003001

\$ _____ P 06-03-001
004011

\$ _____ I

Postmark Date 1-30-06

Initials of Preparer RET

Records

Omnicom, Inc. 207 Pine Lane _____
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(<u>0</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020) (minimum)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
	Extension Payment Fee (see "4. Extension" on back)	<u>0</u>
	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ <u>50.00</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(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.

Jennifer Ezell Secretary Pres 01/25/06
 (Signature of Company Official) (Title) (Date)

Jennifer L. Ezell Telephone Number (863) 9022024 Fax Number ()
 (Preparer of Form - Please Print Name)

F.E.I. No. 36-4557484