

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TG992-06-0-R
 Conch House Marina Resort 070066-TC
 57 Comares Avenue
 St. Augustine, FL 32080-3793

DEPOSIT DATE
 703 JAN 19 2007

FOR PSC USE ONLY

Check # 23387
 \$ 50.00 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 1-16-07
 Initials of Preparer RT

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

Records

Please Complete Below If Official Mailing Address Has Changed

Conch House Marina Resort 57 COMARES AVE. ST. AUGUSTINE FL
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
8.	Extension Payment Fee (see "4. Extension" on back)	0
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ 50 ⁽²⁾
OTH	Number of pay telephones in operation at close of period covered by this Return	0

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

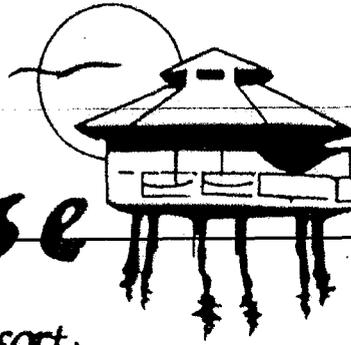
(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

[Signature] GM 1/14/07
 (Signature of Company Official) (Title) (Date)

EDWARD SPENCER Telephone Number 904 829-6646 Fax Number 904 829-5414
 (Preparer of Form - Please Print Name) DOCUMENT NUMBER DATE
 F.E.I. No. 43-2094694 00526 JAN 19 07

Conch
House



Marina Resort

Cancellation Notice

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Fl

Dear Sirs,

This letter is to inform you that we would like to cancel our permit, license or account with the to operate a pay telephone on our premise. Any questions please feel free to call me.

Thank You,

A handwritten signature in black ink, appearing to read 'Ed Spencer'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Ed Spencer
General Manager
Conch House Marina Resort

57 Comares Ave., St. Augustine, Fl 32080
800-940-6256 or 904-829-8646
www.conch-house.com

Conch
House

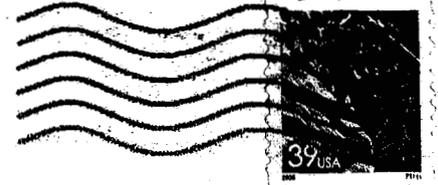


Marina Resort

57 Comares Avenue
St. Augustine, Florida 32080

JACKSONVILLE FL 322

16 JAN 2007 PM 3-J



FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL

32399-0850

32399-0850

