

Gas Municipal or Gas District Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

07/01/2009 TO 12/31/2009

GS031-09-2-R
 Reedy Creek Improvement District - Utilities
 Division 100000-0T
 P. O. Box 10000
 Lake Buena Vista, FL 32830-0175
DEPOSIT DATE
004 FEB 04 2010

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 370229
 \$ 14,061.80
 \$ _____
 \$ _____
 \$ _____

06-01-002
 003001
 06-01-002
 004077

COMMISSIONER
 CLERK
 FEB-9 AM 11:15
 PSC

Postmark Date 2-FEB-2010
 Initials of Preparer RT

Nonnye
~~*Nancy*~~

REEDY CREEK IMPROVEMENT DISTRICT-UTILITIES DIVISION P.O. BOX 10175 LAKE BUENA VISTA, FL 32830-0175
 (Name of Utility) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gas Service Revenues	\$ <u>7,326,982</u>
2.	Other Operating Revenues	_____
3.	Other Gas Revenues	_____ <u>180</u>
4.	TOTAL GROSS REVENUES	\$ <u>7,327,162</u>
5.	Less:	
6.	Sales For Resale	(_____)
7.	Sales For Electric Generation To Electric Cooperatives, Municipals, and Investor-Owned Utilities	(_____)
8.	Revenues Subject to Regulatory Assessment Fee	<u>7,327,162</u>
9.	Regulatory Assessment Fee Rate	_____ <u>.001919</u>
10.	Regulatory Assessment Fee Due (Line 8 x Line 9)	_____
11.	Penalty For Late Payment	_____
12.	Interest For Late Payment	_____
13.	TOTAL AMOUNT DUE	\$ <u>14,061.80</u>

COM
 APA
 ECR
 GCL
 RAD
 SSC
 ADM
 OPC
 CLK

Grant AS APPROVED IN SECTION 350.113, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$25

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

DOCUMENT NUMBER DATE
 00880 FEB-9 01

FPSC-COMMISSION CLERK

I, the undersigned owner/officer of the above-named vendor, 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.

Ray Maxwell
 (Signature of Utility Official)

Ray Maxwell
 (Please Print Name)

District Administrator 1/29/10
 (Title) (Date)

Telephone Number (407) 934-7853 Fax Number (407) 934-6200

F.E.I. No. 59-1223432