


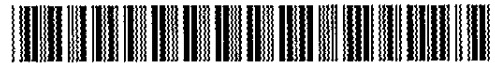
**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000003714 1. Entity Name AIRTRAN HOLDINGS, INC.	
---	---

Principal Place of Business 9955 AIRTRAN BLVD ORLANDO, FL 32827	Mailing Address 9955 AIRTRAN BLVD ORLANDO, FL 32827
---	---

DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2189551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

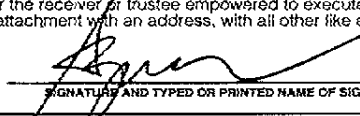
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000098107 03/29/04-80027-023 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEONARD, JOSEPH B 9955 AIRTRAN BLVD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORNARO, ROBERT 9955 AIRTRAN BLVD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GADEK, STANLEY 9955 AIRTRAN BLVD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAGURNO, RICHARD 9955 AIRTRAN BLVD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP SMITH, ALFRED 9955 AIRTRAIN BLVD. ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP KOLSKI, STEPHEN 9955 AIRTRAIN BLVD. ORLANDO, FL 32827

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Section 607.04, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Senior Vice President Finance and CFO **3/29/04** 407-251-3609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #