


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000003714

1. Entity Name
AIRTRAN HOLDINGS, INC.



Principal Place of Business Mailing Address

9955 AIRTRAN BLVD 9955 AIRTRAN BLVD
ORLANDO, FL 32827 ORLANDO, FL 32827



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
58-2189551 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

U00000561820
 05/19/06-80029-023 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Chapter 607, 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: *[Signature]* **SR VP Finance & CFO** **4/28/06** **407251-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Stanley Gadek