


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90016 038 \*\*\*150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2189551	
Zip		Country		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			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, JOSEPH B		NAME		
STREET ADDRESS	9955 AIRTRAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32827		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNARO, ROBERT		NAME		
STREET ADDRESS	9955 AIRTRAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32827		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADEK, STANLEY		NAME		
STREET ADDRESS	9955 AIRTRAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32827		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGURNO, RICHARD		NAME		
STREET ADDRESS	9955 AIRTRAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32827		CITY-ST-ZIP		
TITLE	SRVP	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ALFRED		NAME	DON L. Chapman	
STREET ADDRESS	9955 AIRTRAIN BLVD.		STREET ADDRESS	9955 Airtran Blvd	
CITY-ST-ZIP	ORLANDO, FL 32827		CITY-ST-ZIP	Orlando, FL 32827	
TITLE	SRVP	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLSKI, STEPHEN		NAME	Jere A. Drummond	
STREET ADDRESS	9955 AIRTRAIN BLVD.		STREET ADDRESS	9955 Airtran Blvd	
CITY-ST-ZIP	ORLANDO, FL 32827		CITY-ST-ZIP	Orlando, FL 32827	
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 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: _____			Senior Vice President Finance and CFO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

40056013



03272007 Chg-P CR2E034 (12/06)

407-318-5117