

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F93000005854

1. Entity Name
AIRTRAN AIRWAYS, INC.



Principal Place of Business
**9955 AIR TRAN BLVD.
ORLANDO, FL 32827 US**

Mailing Address
**9955 AIR TRAN BLVD.
ORLANDO, FL 32827 US**



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0440712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 AIR TRAN BLVD.
CITY-ST-ZIP	ORLANDO, FL 32827
TITLE	PD
NAME	FORNARO, ROBERT
STREET ADDRESS	9955 AIR TRAN BLVD.
CITY-ST-ZIP	ORLANDO, FL 32827
TITLE	VT
NAME	GADEK, STANLEY
STREET ADDRESS	9955 AIR TRAN BLVD.
CITY-ST-ZIP	ORLANDO, FL 32827
TITLE	D
NAME	JORDAN, LEWIS
STREET ADDRESS	9955 AIRTRAN BLVD.
CITY-ST-ZIP	ORLANDO, FL 32827
TITLE	SVCS
NAME	SMITH, ALFRED
STREET ADDRESS	9955 AIRTRAN BLVD.
CITY-ST-ZIP	ORLANDO, FL 32827
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80040-002 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SE UP Finance & CFO

4-28-06

407 251-5600

Date

Daytime Phone #

STANLEY GADEK