

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 -08:00 AM
Secretary of State

DOCUMENT # F01000002058

1. Entity Name
AIRTRAN AIRWAYS 717 LEASING CORPORATION



Principal Place of Business
**9955 AIRTRAN BLVD.
ORLANDO, FL 32827**

Mailing Address
**9955 AIRTRAN BLVD.
ORLANDO, FL 32827**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0789694	Applied For <input type="checkbox"/> 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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORNARO, ROBERT L 9955 AIRTRAN BLVD. ORLANDO, FL 32827
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAGURNO, RICHARD P 9955 AIRTRAN BLVD. ORLANDO, FL 32827
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEONARD, JOSEPH B 9955 AIRTRAN BLVD. ORLANDO, FL 32827
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRUCCI, MARK A 1209 ORANGE STREET WILMINGTON, DE 19801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GADEK, STANLEY 9955 AIRTRAN BLVD ORLANDO, FL 32827
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(f), 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: _____

Richard P. Magurno
Sr. Vice President, General Counsel & Secretary

1/24/05

Date

Daytime Phone # _____