


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F01000002058</b> 1. Entity Name <b>AIRTRAN AIRWAYS 717 LEASING CORPORATION</b>	
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Principal Place of Business <b>9955 AIRTRAN BLVD. ORLANDO, FL 32827</b>	Mailing Address <b>9955 AIRTRAN BLVD. ORLANDO, FL 32827</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04282006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>55-0789694</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORNARO, ROBERT L 9955 AIRTRAN BLVD. ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAGURNO, RICHARD P 9955 AIRTRAN BLVD. ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEONARD, JOSEPH B 9955 AIRTRAN BLVD. ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNUCCI, MARK A 1209 ORANGE STREET WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GADEK, STANLEY 9955 AIRTRAN BLVD ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000561822 05/19/06-80029-024 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **SE VP Finance, & CFO** **407 251-5600** **4/28/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #