

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000595

Entity Name: SIMMONS AIRLINES, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

4333 AMON CARTER BLVD., MD 5675
FORT WORTH, TX 76155

New Principal Place of Business:

Current Mailing Address:

4333 AMON CARTER BLVD., MD 5675
FORT WORTH, TX 76155

New Mailing Address:

FEI Number: 38-2036404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GERARD J. ARPEY,
Address: 4333 AMON CARTER BLVD., MD 5621
City-St-Zip: FORT WORTH, TX 76155

Title: VP/T () Delete
Name: GOULET, BEVERLY K
Address: 4333 AMON CARTER BLVD., MD 5566
City-St-Zip: FORT WORTH, TX 76155

Title: CS () Delete
Name: MARLETTE, CHARLES D
Address: 4333 AMON CARTER BLVD., MD 5675
City-St-Zip: FORT WORTH, TX 76155

Title: D () Delete
Name: ARPEY, GERARD J
Address: 4333 AMON CARTER BLVD., MD 5621
City-St-Zip: FORT WORTH, TX 76155

Title: D () Delete
Name: GARTON, DANIEL P
Address: 4333 AMON CARTER BLVD., MD 5625
City-St-Zip: FORT WORTH, TX 76155

Title: D () Delete
Name: BEER, JAMES A
Address: 4333 AMON CARTER BLVD., MD5627
City-St-Zip: FORT WORTH, TX 76155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CS (X) Change () Addition
Name: MARLETT, CHARLES D
Address: 4333 AMON CARTER BLVD., MD 5675
City-St-Zip: FORT WORTH, TX 76155

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES D. MARLETT

CS

04/27/2007

Electronic Signature of Signing Officer or Director

Date