2005 FOR PROFIT CORPORATION

FILED Jan 27, 2005 08:00 AM

ANNOAL REPORT	Juli 27, 2005 00:00 1.
DOCUMENT # F9800003714 1. Entity Name AIRTRAN HOLDINGS, INC.	Secretary of State
Principal Place of Business Mailing Address 99\S AIRTRAN BLVD ORLANDO, FL 32827 Mailing Address 9955 AIRTRAN BLVD ORLANDO, FL 32827	
DO NOT WRITE IN THIS SPA	D1182005 No Chg-P CR2E034 (10/03) 4. FEI Number
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. (ROTE 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 Fina Trust Fund Contribution	+ + +
10. OFFICERS AND DIRECTORS TITLE CD NAME LEONARD, JOSEPH B STREET ADDRESS 9955 AIRTRAN BLVD CITY-ST-ZIP ORLANDO, FL 32827	<u>01/27/05-80094-00</u> 3 150.00
TITLE PD NAME FORNARO, ROBERT STREET ADDRESS 9955 AIRTRAN BLVD CITY-ST-ZIP ORLANDO, FL 32827	
TITLE VT NAME GADEK, STANLEY STREET ADDRESS GITY-ST-ZIP ORLANDO, FL 32827	DO NOT WRITE
TITLE VS NAME MAGURNO, RICHARD STREET ADDRESS 9955 AIRTRAN BLVD ORLANDO, FL 32827	THIS SPACE
TITLE SRVP NAME SMITH, ALFRED STREET ADDRESS GITY-ST-ZIP ORLANDO, FL 32827	
TITLE SRVP NAME KOLSKI, STEPHEN STREET ADDRESS 9955 AIRTRAIN BLVD. CITY-ST-ZIP ORLANDO, FL 32827	
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes 1 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 within a address, with all other like empowered.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David Phone #	