


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90015 007 ****61.25

DOCUMENT # 729183			
1. Entity Name SPREADING OAK VILLAGE, INC.			
Principal Place of Business 120 E COLONIAL DR ORLANDO FL 32801 US		Mailing Address 120 E COLONIAL DR ORLANDO FL 32801 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

34038705



MOORE CR2E037 (11/03)

4. FEI Number 59-1579288	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		7. Name and Address of New Registered Agent	
PIERCE, DAVID R 120 E COLONIAL DR ORLANDO FL 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ALEXANDROWICZ, JERRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	106 AUTUMN DR	NAME	
STREET ADDRESS	LONGWOOD FL 32779	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP PETERSON, SCOTT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 BUTTERNUT LANE	NAME	
STREET ADDRESS	LONGWOOD FL 32779	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S BARWICK, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	108 AUTUMN DR	NAME	
STREET ADDRESS	LONGWOOD FL 32779	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D DOERR, JOHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	121 AUTUMN DR	NAME	
STREET ADDRESS	LONGWOOD FL 32779	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D JOHNSON, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 AUTUMN DR	NAME	
STREET ADDRESS	LONGWOOD FL 32779	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  **R.M. JOHNSTON V.P.** Date: **3-31-04** Daytime Phone #: **(407) 964-7201**