

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000004319

**Entity Name:** EAGLE FRAMING, INC.

**Current Principal Place of Business:**

20395 HWY 25, STE A  
COLUMBIANA, AL 35051

**Current Mailing Address:**

20395 HWY 25, STE A  
COLUMBIANA, AL 35051 US

**FEI Number:** 20-2372102

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVE, 2ND FLOOR  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title P  
Name MCLEROY, ROBERT F  
Address 104 BEACON DR  
City-State-Zip: COLUMBIANA AL 35051

Title VP  
Name OAKES, DAVID CHARLES  
Address 1155 HIGHWAY 5  
City-State-Zip: WILSONVILLE AL 35186

Title S  
Name VANSANT, SCOTT  
Address 1892 HWY 30  
City-State-Zip: COLUMBIANA AL 35051

Title T  
Name ARNOLD, CHUCK  
Address 5 STINSON RD  
City-State-Zip: COLUMBIANA AL 35051

Title CONTROLLER  
Name WOOD, PAM  
Address 1524 CYPRESS COVE CIRCLE  
City-State-Zip: HOOVER AL 35244

Title SHAR  
Name MCLEROY, MAILON  
Address 2212 ACTON PARK CIRCLE  
City-State-Zip: BIRMINGHAM AL 35243

Title SHAREHOLDER  
Name MCLEROY, LOHNER BLAKE  
Address 121 TANGLEWOOD DR  
City-State-Zip: ALABASTER AL 35007

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAMELA L WOOD

**CONTROLLER**

**03/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date