

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109345

Entity Name: COMPASS THERAPEUTIC, INC**Current Principal Place of Business:**1965 42ND AVENUE
UNIT 2
VERO BEACH, FL 32960**Current Mailing Address:**1965 42ND AVENUE
UNIT 2
VERO BEACH, FL 32960 US**FEI Number:** 01-0751356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAGNER, GABRIELLE
1965 42ND AVENUE
UNIT 2
VERO BEACH, FL 32960 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	OWNER
Name	GABRIELLE, WAGNER
Address	1965 42ND AVENUE UNIT 2
City-State-Zip:	VERO BEACH FL 32960

Title	CFO
Name	WAGNER, ERIC SCOTT
Address	1965 42ND AVENUE UNIT 2
City-State-Zip:	VERO BEACH FL 32960

Title	MANAGER
Name	WAGNER, DARCI LEAH
Address	1965 42ND AVENUE UNIT 2
City-State-Zip:	VERO BEACH FL 32960

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: ERIC S WAGNER

MANAGER

01/31/2021

Electronic Signature of Signing Officer/Director Detail_____
Date